

# THE AMERICAN JOURNAL OF NURSING

VOL. XV

SEPTEMBER, 1915

No. 12

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## EDITORIAL COMMENT

### THE EIGHTEENTH ANNUAL CONVENTION

The report of the meetings of the American Nurses' Association, which occupied all of the space of the August JOURNAL, gave but an inadequate idea of the San Francisco convention as a whole. The meetings of the League of Nursing Education and those of the Public Health Organization occupied practically the same amount of time as those reported and were, each in their way, of as great importance and interest. The report of the League meeting will be published in full, as usual, in a special volume and those of the Public Health nurses will appear in part in the *Public Health Nurse Quarterly*. No written report, however, can give any adequate idea of the inspiration and enlightenment which are a part of our great conventions. The spirit of the west, which is indescribable to those who have not experienced it, is beyond expression, but it was a striking feature of the San Francisco convention, as shown in all of the arrangements which were made, not only for the entertainment of the guests but in the administration of the meetings.

No more ideal meeting place could have been provided than the First Congregational Church, with its multiplicity of audience chambers and committee rooms. The afternoon teas, served each day at the close of the sessions by a committee of which Dr. Helen Parker Criswell was the chairman, gave an opportunity for sociability as well as refreshment, with the added charm of most delightful music contributed by many of San Francisco's leading musicians. These social gatherings were open to guests and delegates alike and gave a wonderful opportunity for discussing the problems that had been presented at the meetings.

There was much entertaining in small groups, by individuals, of eastern friends. Of the general entertainments, perhaps the largest and most unique was the dinner given at the Hawaiian restaurant in the Horticultural Building at the Exposition, following the Greek Theatre meeting, where guests were seated in groups of four and were entertained by the Hawaiian Band which rendered a most delightful programme of native music. Each guest, as she entered, had a lei (a garland) of yellow thrown around her neck; these were also worn by the musicians and gave a very festive appearance to the company as it was served by Hawaiian girls.

One evening a very attractive dinner was given to a number of the delegates by the Young Women's Christian Association in its fine new building. There were, of course, boat trips, trolley and auto rides, of which many availed themselves.

Two meetings whose proceedings will not appear in full in our JOURNAL were those held in Festival Hall and at the Greek Theatre. That in Festival Hall was held on the second evening of convention week and was under the auspices of the League of Nursing Education and the American Nurses' Association, Miss Noyes, president of the League, presiding. It was opened by a delightful organ programme by Dr. Maurice W. O'Connell. Probably many, like ourselves, had anticipated with great interest the address by Edwin R. Snyder on The Vocational Trend in Education, but his lack of appreciation of nursing ideals and what seemed to be his condemnation of all cultural education made his address a disappointment to many. Dr. Augustus Downing, First Assistant Commissioner of Education of New York State, under whose general supervision the Nurse Practice Act is administered, was in the audience and voluntarily gave an able and encouraging address in defense of higher education in its relation to the nursing profession, appreciation of which was shown by the interruption of constant applause. The medal bestowed upon the Association by the Exposition authorities was presented at this meeting and was accepted on behalf of the Association, at Miss Cooke's request, by Miss Goodrich, president of the International Council and president-elect of the American Nurses' Association. Miss Goodrich made an exceptionally brilliant address on this occasion in which she reviewed briefly something of the early development of nursing education and outlined the ideals which the profession hopes to attain.

The meeting held in the Greek Theatre at Berkeley, at which members of the American Hospital Association were guests, from which so much was expected, was something of a disappointment due to the absence of a number of the promised speakers. The very name Greek Theatre

brings up romantic associations of past ages but to those not accustomed to the California sun, the roofless theatre was somewhat trying, as the sun shone brilliantly with intense heat. A programme of very beautiful music was rendered and the redeeming feature of the meeting was the address by Dr. Henry B. Favill of Chicago. In this address, which was given without notes, he showed most sympathetic appreciation of the problems of nursing education and brought out the disheartening fact that in the past the great rank and file of our graduates have ceased to grow after leaving the training schools, that they have not studied or done public work, leaving a comparatively small number to become leaders, which is contrary to the professional ideal.

Another point he made was that in the training of nurses, as now conducted in hospitals, the lecturing and teaching is being done by internes or by young doctors fresh from their own studies, which makes what they have to give of little value from a practical standpoint. He gave it as his opinion that the very least the senior members of the medical profession can do is to assume that lecturing and teaching, in return for the service rendered by nurses in caring for the sick of the great institutions and in public health work. He said much that was interesting and of value, but these two ideas stand out in our memory from all the rest.

It will take a full year for those having the reports to study, to digest all of the ideas put forward. As usual there was not time enough for discussion and a strong feeling prevailed that we must be satisfied to present fewer subjects and allow time for their fuller consideration. It is still a question whether we have arrived at the most satisfactory manner of arranging the programme by using section meetings, so many of the members are interested in all of the questions presented and while attending one session must lose what is taking place in another, as we know from our own experience. We strongly advocated the plan of section meetings in the past, but we are coming to think that a single programme in which all of the departments are equally represented might give greater satisfaction to the majority of the delegates. The whole of a morning or afternoon session given up to one subject is exhausting to the most vigorous members and many of those in attendance have had their powers of endurance depleted by the arduous duties which they have left behind and the fatigue of a journey is added, for in whatever part of the country the convention is held, a large proportion of those attending it must cross the continent to do so. We plead for fewer papers and more time for free discussion.

Three subjects, none of them new, were conspicuous by the interest which they aroused. All of the papers and discussions on state regis-

tration were of absorbing interest. The subject of central directories was equally so and in the meetings of the League, which presented many interesting problems of the teaching body, that of the practical working out of the eight-hour law for pupil nurses as it is being enforced in California, was perhaps the most ably discussed. Mrs. Pahl of Los Angeles presented the leading paper. She admitted frankly that when the law went into effect she was prejudiced against it, but that she had honestly endeavored to meet its requirements and had reorganized her school accordingly. In the working out of the experiment she had become an enthusiastic supporter of this new idea in the training of nurses. Her paper, when it appears in the report of the League, will be studied with great interest. She was called to the platform to reply to a running fire of searching questions from the leading women in training school work from every part of the country and she brought out the idea, as she had in her paper, that the effect of the law is advantageous, that three complete shifts of nurses are necessary under her plan, and that with the shorter hours of work and longer periods of recreation the pupils were fresher and brought greater efficiency of service to the hospital. She laid particular emphasis on the fact that at the end of their three years' course they left the hospital in vigorous health, ready for outside work without a period of recuperation.

The all-important question in public health nursing of extending its benefits to people of all classes and especially to those of moderate means, was given a strong impetus in the symposium on possible amalgamation of visiting, hourly and household nursing, as it is being tried in Cleveland, Ohio.

The most valuable contribution to the storehouse of public health nursing standards which the National Organization is building was that of the standing committee on Organization and Administration, namely, a constitution and by-laws endorsed by a parliamentarian, and a code of regulations for the use of visiting nurse associations, with suggestive and explanatory notes.

The spirit of this convention was one of harmony and optimism, the feeling being that we are beginning to reap some of the reward of the hard work of the past, that recognition of state registration and of our post graduate courses is becoming more pronounced each year and that the nurse's place in the professional world is slowly being established.

Those who crossed the continent for the first time must have returned with an impression not only of the majesty of their own country but with a more hopeful outlook for the future of their profession. Probably few of those attending were able to give a sufficient amount of time to the Exposition to study in detail its wonderful representation



of the progress of civilization from our earliest history to the present time as shown in the buildings, the exhibits, the statuary, the paintings, the decorations and even the shrubbery, but they have an impression of a magnificent whole with its wonderful setting, the Bay, which will be a delight in the storehouse of memory for all time.

The convention at San Francisco and the Exposition, with their great interest, have not for a moment obscured the impression of our own journey, the crossing occupying five weeks, with its many opportunities for meeting new groups of workers, comment on which is reserved for a later time.

#### THE NURSE IN FICTION

Writers of popular fiction have run riot in the field of nursing of late. The pupil nurse, the graduate and Red Cross nurse are all in the lime light. The "White Linen Nurse," a veritable brain storm of hysterical exaggeration, appeared to our confusion and embarrassment. More recently we see advertised on all sides a "thrilling" story about to appear, we cannot now recall the title, in which a Red Cross nurse at "the front" inspires, in the noble and aristocratic breasts of both a French and German officer, whom she is nursing, sentiments of such deep and enduring nature that, as far as we could determine, the war is now raging on her account.

Then we pick up *McClure's Magazine* and are attracted by the unusual title "K" and find another story in which pupil nurses, frivolous and foolish, appear. We understand that Mary Roberts Rinehart, the author, is a nurse, now the wife of a physician. We all know that literary license up to a certain point is permissible, but it seems almost unthinkable that a woman who assumed the ethical responsibilities of the nurse with her uniform would use her sisters in a way to, at once, cheapen the profession and rob it of its dignity.

Quite the most daring excursion into this field, noticed in the same magazine, by the way, is "Miss Smith of Bellevue." The author lays her scene at historic Bellevue Hospital and puts into the mouth of one of the graduates from the training school, incidents so distorted and generally incorrect and damaging, that it would appear that the school had ample grounds for legal action. She generously describes the nurse as a "little simple" of circumscribed literary and musical tastes.

We have been told by good authority that one of the most distressing aspects of this matter arises from the fact that the author of the story was recently nursed by a graduate of the Bellevue School, a woman of at least thirty years of age and of considerable ability and dignity, loyal

to the point of enthusiasm and who, moreover, met the special qualification of having served as night superintendent and operating room head nurse. We understand that the author has disclaimed the personal application and states that she drew a "composite picture" which, of course, is refuted by the story itself. We should not expect a lay person to fully appreciate the ethical view point of the nurse, but we are at loss to understand how any person, particularly one who had been brought back to health by a nurse, could use information, harmful or harmless, gained under circumstances at once intimate and confidential, to the discredit of the nurse and the nursing profession.

What are we to infer from this "wave of nurse fiction?" Are the writer of the popular story and the magazines themselves simply looking for something new, unusual and interesting, and taking little thought of the injury they are doing? What mother would be willing to let her young daughter enter a profession where the whole question of sickness and disease and human suffering is portrayed as an exhilarating lark? What high type of woman would enter a school where, "stewed apricots, canned corn, stale bread and skimmed milk were served the year through to its nurses?" The day of this meagre diet is long since passed in the modern school of nursing. The field of nursing is so broad and fine and the need of cultured women in it so great, that we take it seriously to heart when reputable magazines are willing to publish spectacular stories so generally destructive to the ideals and standards of our beloved profession.

We can draw lessons from almost anything and one cannot help but conjecture a bit and wonder if the lowering of the age limit for entrance to schools of nursing and the general relaxing of discipline are resulting in lowered ethical standards on the part of graduate nurses in general, and whether they really are relating their experiences too freely. Dr. Osler says in his inimitable style, "To talk of disease is a sort of Arabian Nights entertainment, to which no discreet nurse will lend her talents."

The public and nurses themselves are very apt to "come back" on the school, quite rightly sometimes, but heads of schools and instructors cannot entirely rebuild character, nevertheless, they can do a great deal towards moulding and strengthening it. Theirs is a great responsibility and a great privilege. How much time is spent in the average school in teaching ethics? Does it consist of a few talks well towards the end of the senior year, or does it begin the day of entrance? How many probationers are given the Hippocratic oath to study? Are all graduates, even, familiar with its wonderful teaching? Committing the

Hippocratic oath to memory will not keep all nurses from being too easy with their tongues, but the study of the principles therein contained will help to teach them the dangers of too free speech.

#### ANNIE DAMER

The announcement of the death of Annie Damer will not be a surprise to many of our readers who have known of her long period of distressing illness. Miss Damer was probably as broadly known as any nurse in the country, from having served for five years as president of the American Nurses' Association and from her interest in all forms of public work in which nurses are engaged. She was of Canadian birth, having spent her early life in Guelph, Ontario; she was a graduate of Bellevue Hospital and became conspicuous in nursing affairs at the time of the Third International Congress in Buffalo, at which time she was chairman of the Arrangements Committee. She was then holding a position as investigator for the Buffalo Charity Organization and continued in public health work from that time.

Miss Damer was a member of the first Board of Nurse Examiners of New York State and was later its president; she was president of the New York State Nurses' Association for several terms and of the Journal Company. She took a most active part, always, in the affairs of her own alumnae association, holding various offices. An accident several years ago led to her retirement from active nursing work, but her interest in nursing affairs continued to the end. She was made an honorary member of the American Nurses Association a year ago.

Her interest, her good judgment and her counsel were always ready for those who turned to her for advice and she will be greatly missed by her many friends.

#### MEMORIALS

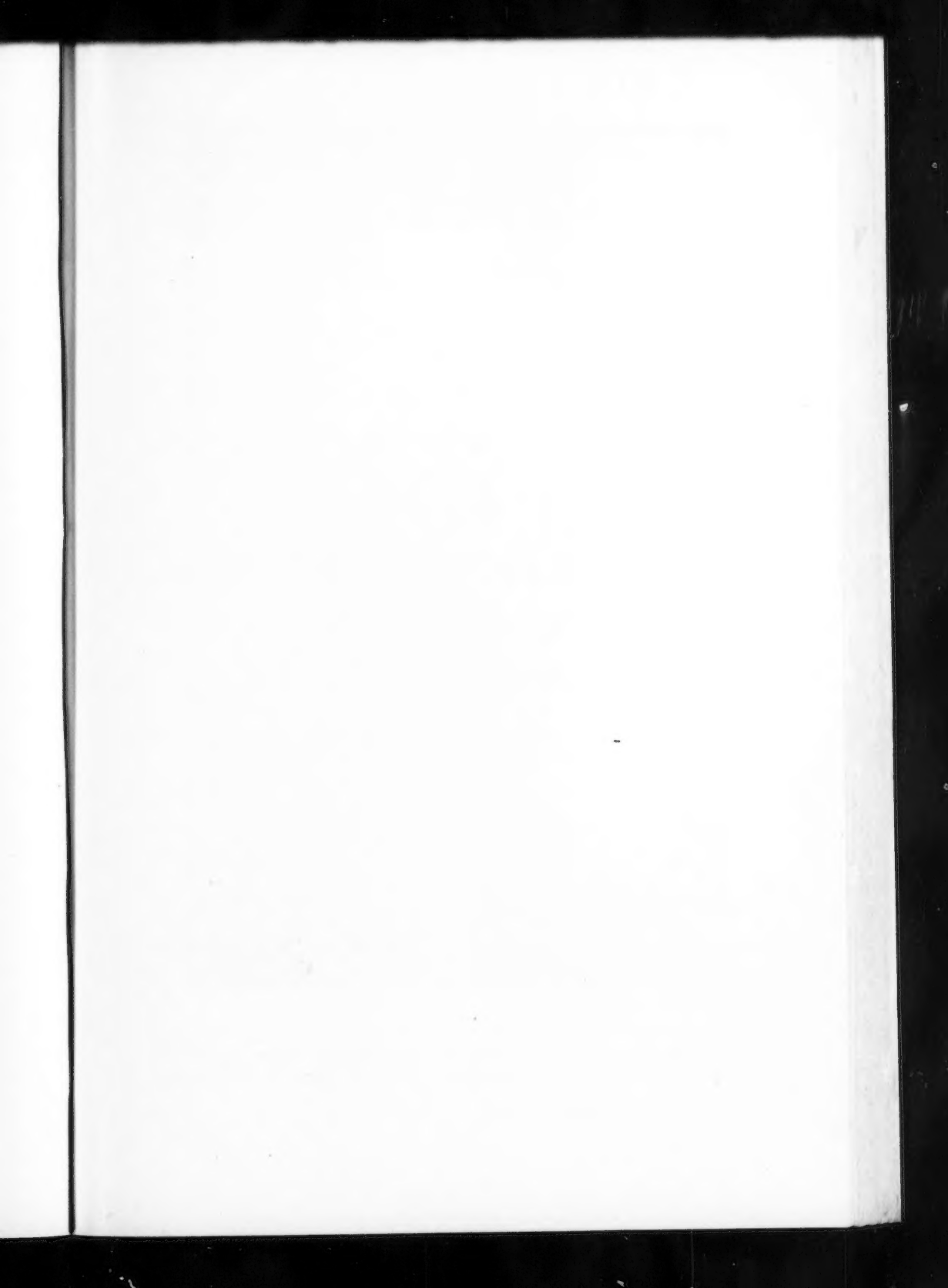
It was decided, at the recent convention, to establish a memorial to Miss McIsaac to be administered in connection with the Robb Fund in which she was especially interested, and as shown in the report, the Alumnae Association of the Illinois Training School of which she was a graduate and for many years superintendent, headed the list with a subscription of \$500.

The question of continuing to establish memorials for our deceased members was discussed very extensively among the members outside of the meetings. Every one was desirous of showing affection and respect for Miss McIsaac, but the question was frequently heard, How can we commemorate, by the establishment of funds, all of our pioneers

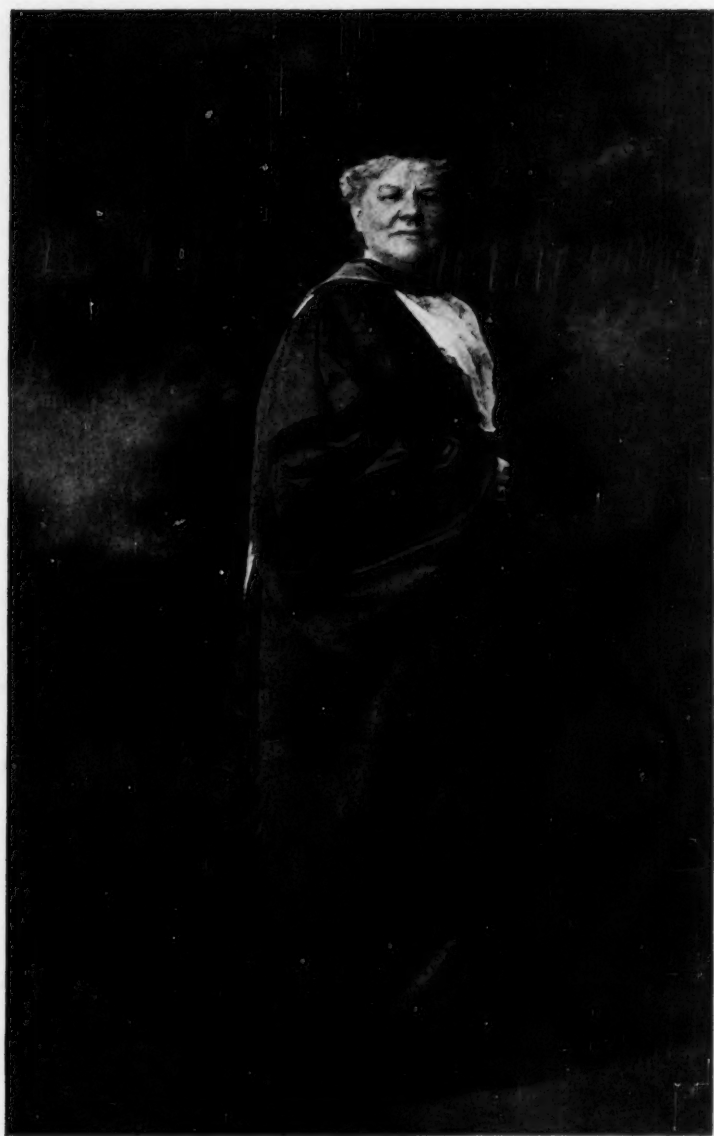
and distinguished members? Each has a group of friends who will feel that she deserves special recognition for the service she has performed in her profession. The death of Miss Damer at this time emphasizes this, for she gave years of public service which was as great as that of Miss McIsaac. In the natural course of events, one after another, the members of the first beloved group will pass away. Is it not imposing too great a burden on the affiliated societies to attempt to develop so many funds? We must either limit those already started to a lower figure than was first intended, or we must change the character of the memorials we make, adopting some plan which will not lead to such confusion of mind as is aroused by the creation of a new fund.

One of the many suggestions put forward at the convention was the necessity for the establishment of special central nursing schools where all pupils shall be prepared for hospital service—an old idea, brought forward in a somewhat new form. In the establishment of such schools, which we believe are sure to come, there would be an opportunity for perpetuating the names of our pioneers. For instance, such a school in Chicago could be known as the McIsaac School of Nursing, with the different professorships named for the leading women of that section, as they in turn pass over to the great majority. The New England school could be known as the Linda Richards School, with a Davis chair, a Riddle chair, etc.

Let the contributions of future generations of nurses be for the Relief Fund, the Robb Fund and for such strictly educational needs as from time to time the future may bring.







Louise Lee Schnepf L. L. D.  
Columbia - 1915 -

## LOUISA LEE SCHUYLER—AN APPRECIATION

BY ANNE W. GOODRICH, R.N.

*Teachers College, New York*

At the one hundred and sixty-first commencement of Columbia University for the second time only in the history of the institution the honorary degree of LL.D. was conferred upon a woman, and conferred not for notable achievements in the fields of law, letters or science, but for a wide service to the human race.

In conferring the degree upon Miss Schuyler, President Butler said:

Louisa Lee Schuyler: A pioneer in the service of noble women to the state; founder of the State Charities Aid Association and of the system of visitation of state institutions by volunteer committees of citizens; originator of the first American Training School for Nurses; initiating and successfully advocating legislation for the state care of the insane; powerfully aiding the first public movement for the prevention of blindness in little children; worthy representative of a splendid line of ancestors, distinguished through two centuries for manifold services to city, state and nation; great granddaughter of General Philip Schuyler of the American Revolution, great granddaughter of Alexander Hamilton of the class of 1777, I gladly admit you to the degree of Doctor of Laws.

It was eminently fitting that when convening in San Francisco our three national organizations representing over 30,000 professional nurses should have sent a message of congratulation to Miss Schuyler. The telegram read as follows:

The American Nurses Association, The National League of Education and the National Organization for Public Health Nursing, assembled at the Greek theatre of California send greetings of veneration, gratitude and congratulation to their friend, the originator of the first school for nurses in America, and whose life of service has been so deservedly recognized by Columbia University.

No careful student of the history of nursing in this country can fail to appreciate the debt that this profession owes to this far-sighted philanthropist and economist. A very superficial study of her life reveals the fact that the success of her reforms lies not only in her wide grasp of a situation or in her unusual organizing ability, but in the thoroughness with which she attacks each problem and in its most minute detail. It was not sufficient for her to conceive that intelligent women under instruction would render a more efficient service to the sick in

Bellevue than was being rendered by the ignorant untrained women then caring for them; existing systems must be studied in this and other countries in order that the nursing system at Bellevue be established on the soundest and most enduring foundation. With such a conception of the methods of sound construction it was not strange that an almost immediate connection was made with the most advanced thinker of the day concerning the nursing care of the sick, and that the Nightingale system of nursing education should have been so early transported to this country.

Courses for nurses, and even so-called schools of nursing, had undoubtedly come into existence in this country before Miss Schuyler conceived of the establishment of a School at Bellevue to be organized on the lines of Miss Nightingale's School at St. Thomas' Hospital, London, opened in 1860. But the opening of the Nightingale School marked an era in the nursing care of the sick and laid the cornerstone of a new profession.

"For," to quote from the *History of Nursing*, "now was established a set of principles distinctly new or of new application to nursing orders. Most significant and radical was the recognition of science as the supreme authority in the education of the nurse . . . the mother school, (St. Thomas') the first one at once secular, non-sectarian, soundly organized, adequate in its hospital facilities and based on teaching. The head nurses were paid by the Nightingale Fund for teaching the probationers, the matron was paid for superintending them, and the medical instructor for his services in lecturing to them."<sup>1</sup>

Dr. Gill Wylie, of New York, when reporting the result of his investigations of the schools of nursing in England mentioned as proof of the efficiency of the Nightingale School the fact that during the twelve years of its existence nurses had been sent as superintendents, matrons and training nurses in hospitals to all parts of England and her colonies.<sup>2</sup> The Hospital Committee of the New York State Charities Aid Association not only accepted almost in its entirety the Nightingale system—the trained superintendent of nurses to whom the pupils were directly responsible, the paid staff of qualified lecturers and instructors, the separate residence—but the reports to the Association of Mrs. Joseph Hobson and of Miss Abby Woolsey, both members of the Hospital Committee, with almost prophetic vision of the important part the nurse was to play in the great social movement of the twentieth century, emphasized again and again the necessity of a sound and com-

<sup>1</sup> *History of Nursing*, vol. 2, p. 131, 134.

<sup>2</sup> State Charities Aid Association, No. 1; Report of Committee on Hospitals, p. 6.

prehensive education, following closely the lines laid down by other professional schools and colleges.

"It should not," says Mrs. Hobson, "be regarded merely in the light of a work of benevolence but as a system of education calculated to benefit thousands in all ranks of life. . . . To such women (women of education) we are prepared to offer a career of the widest usefulness; a profession acquired under masters of the highest skill—physicians and surgeons of not only American but of European fame—and an assured means of livelihood. As the work advances we hope to establish a college for the training of nurses, which will receive a charter from the state and become a recognized institution of the country."<sup>3</sup>

Says Miss Abby Woolsey:

"Schools should not compete with each other on the basis of numbers or high wages but on that of the quality of nurses they turn out; and the best pupils are sure to value instruction more when they are not paid for acquiring it. . . . It is a question whether a nursing-school, after it begins to see returns for its original outlay, should class itself with charities. If money appeals to the public must be made, why should they not be made on the higher ground that colleges take? Why should there not be endowed tutorships and free scholarships for nurses in Bellevue and Baltimore."<sup>4</sup>

Appreciative indeed Miss Schuyler must have been of the recognition of her services to society by Columbia University, but those who have the privilege of knowing her realize that her deepest satisfaction lies in the evidence that a great University has recognized, not for herself alone but for all social workers, that theirs is a service to humanity to be ranked with the achievements of scholars and educators. Rarely is it given anyone to see such definite and far-reaching benefits as the result of her efforts as this remarkable woman, now in her seventy-ninth year, has witnessed; the care of all the dependent insane of New York State in her great state institutions with their humane and orderly system as contrasted with the neglect and wretchedness of these unfortunates in the county poor-houses; the state-wide campaign of the State Charities Aid Association, founded by her, for the prevention of tuberculosis; the school of mid-wifery at Bellevue, the first in this country, the direct and almost immediate result of the work of the Committee for the Prevention of Blindness which she organized; the Bellevue of today with all of its numerous and orderly departments staffed not only by pupils from its own large school but from forty-three affiliating schools representing many states, its group of highly trained instructors and supervisors, its beautiful nurses' residence providing unusual

<sup>3</sup> State Charities Aid Association, No. 1; Report of Committee on Hospitals, p. 6.

<sup>4</sup> State Charities Aid Association, No. 11; A Century of Nursing, pp. 130, 131.

teaching facilities through its finely equipped lecture and demonstration rooms and laboratories, as contrasted with the Bellevue that grudgingly gave six wards for the practice field of the school Miss Schuyler sought to establish and that protested against the placing of nurses in the maternity wards and operating room.<sup>5</sup>

A significant incident in this connection is the fact that on the day Miss Schuyler received her degree from Columbia, less than fifty years after her initiation of the Bellevue Training School, degrees were conferred by Columbia University upon twelve nurses, graduates of the Teachers College who were to go out as teachers and administrators in schools of nursing and to supervisory positions in the public health field, thus fulfilling in a wider way than ever Miss Schuyler perhaps dreamed of, the underlying purpose of her plan—the provision for the most needy members of the community, when ill, of the most efficient and scientific care.

#### ASEPTIC FEVER NURSING

By D. L. RICHARDSON, M.D.

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Nursing of the sick is of ancient origin. In past centuries it has been performed by women with the highest motives, for the most part, but with crudest knowledge of disease. There was no real training and, if there had been, little could have been expected of such women when the exact knowledge of disease was so much more philosophical than scientific. It is not pleasant to realize that the earliest professional nurses were neither moral nor efficient, that nursing was looked upon as a disgraceful calling, and that women of character refrained from undertaking it. The results achieved by a few high-minded women during the Crimean War were, it may be truly said, the origin of modern nursing. Since that time, it has been put upon the highest moral and scientific basis. Within recent years, indeed, nursing knowledge and nursing methods have so far developed that it is no longer sufficient that a woman be known as a nurse, but it is asked of her in what kind of nursing she is most proficient. This specialization has followed much the same course as has been observed in the specialization of medicine, though there will always remain the general nurse, just as always the general practitioner.

The object of this paper is to point out a new field of nursing; namely, the care of infectious diseases, long known in England as "fever nursing."

<sup>5</sup> *Recollections of a Happy Life*, pp. 91, 103.



Many nurses avoid as far as possible the care of such cases, and for two reasons; they realize their insufficient training and fear the possible consequences. Both these obstacles can be removed by a thorough training in fever nursing which embraces a knowledge of the nature of infectious diseases, their modes of transmission and methods for their prevention. The subject will be treated chiefly from the standpoint of hospital care, yet the same principles apply to the treatment of infectious disease in the home. Fever nursing aims, fundamentally, at these two objects: the intelligent care of the patient in order that he may recover, and the protection of the nurse and other patients in the institution from contracting the disease from which the patient suffers. The following article will be restricted to a consideration of methods applying to the second of these principles, the prevention or diminution of disease-transmission.

Modes of transmission of the so-called "contagious diseases" have been made much clearer during the last fifteen years; what has been a "beating in the air" process to control them is being put on a scientific basis. The first long step was taken when it became evident that the importance of "air infection" had been greatly over-rated. This theory, which arose after the discovery of disease-producing germs, must be torn down before we can control infection intelligently. The arguments against aerial conveyance of infection are practical results obtained in institutions which treat infectious diseases.

In 1888, Grancher of Paris, a visiting man to the Hospital for Sick Children, conceived the idea that infectious diseases were not carried by air but by contact and that infection might be controlled by the same method that surgeons were using, "antisepsis." Into his wards, a general hospital for children, cases of diphtheria, scarlet fever, and measles were frequently admitted. From 1890 to 1900 he carried out the following technique: patients admitted with the above diseases were placed in wards with other patients but the bed of each infectious patient was surrounded by a wire screen. This screen served two purposes: it kept the patient away from other patients and it reminded nurses and physicians that special precautions must be observed when treating that patient. Within the enclosure were kept the patients' own utensils, gowns for the doctor and nurses, and solutions with which the hands must be washed after treating the patient. During this period of ten years, 6541 patients were treated in Grancher's wards. Forty-three cases of diphtheria were admitted and only one of the other patients contracted the disease. Scarlet fever was introduced nineteen times and seven cases developed. Less success was obtained with measles but the number of infections from this disease was greatly reduced.

The experiences of Grancher and a few other investigators who confirmed his results paved the way for the celebrated Pasteur Hospital. This hospital for 120 patients, housed in two two-story pavilions, was completed in 1900. Each floor is provided with a large proportion of rooms for single patients, the partition between each pair of rooms being of glass and each alternate partition of lath and plaster. The partition on the central corridor side is glazed in all the rooms. The objects of this glass area are to permit easy observation of the patients and to make the patients contented in separate rooms. At the end of each floor is a larger convalescent ward for twelve patients, subdivided by partial partitions into two parts. Transverse open-air corridors are a part of the construction. On both sides of the building are narrow open-air balconies upon which most of the rooms open. These balconies serve two purposes: visitors may see patients through the windows, and any room or group of rooms can be shut off from the central corridor by utilizing the outside balcony for communication. The anterior construction provides for thorough and ready cleaning, without damage, by soap and water or disinfectants. The tile flooring is carried up the walls for a distance above which the walls are of plaster. The rooms for patients are provided with lavatories and a sink for washing utensils with hot water. The utility rooms are furnished with sterilizers. The dressing tables and bathtubs are on wheels. Great pains have been taken to provide every means for carrying out a rigid "antisepsis." During the fifteen years of service, all kinds of infectious diseases, including smallpox and typhus fever, have been treated in this hospital with a cross infection amounting to a fraction of 1 per cent.

Aseptic nursing soon found its way into England and is being used in many hospitals for contagious diseases, fever hospitals, they are called. The Plaistow Hospital, South Western Hospital, North Eastern Hospital, and Eastern Hospital, London, the City Hospital, Liverpool, and the Monsall Hospital, Manchester, are some of the institutions which have adopted aseptic nursing.

It is true that disease organisms have been recovered from floors, walls, dust, furniture, and elsewhere in rooms occupied by contagious disease patients. Yet the practical experience of the hospitals already mentioned clearly points out two facts: first, that the atmosphere, either still or in motion, rarely if ever conveys such disease germs from one patient to another; secondly, that contact transmission of such infecting organisms may be obviated by the employment of rigid asepsis. If, however, transmission should actually occur, practical experience teaches that it is of small importance in producing disease in others, either because the organisms are too few in number or in a

non-virulent state. These are the facts which those who deal with contagious diseases ought to be assured of. It can be stated as a general principle that disease organisms, after leaving the body, rapidly lose their virulence, particularly under conditions of sunlight and drying. With the exception of certain spore-bearing bacilli, organisms must, to survive, live under very favorable conditions, as in water or milk. The infecting agent has been discovered for only a part of the infectious diseases. Judging, however, from what has been learned about typhoid fever, diphtheria, and a few other diseases, the infecting agent does not emanate from the entire body of the patient but escapes in certain definite secretions and excretions. The first step in prevention is, therefore, that these discharges be promptly collected, and either sterilized or so disposed of that no one can be exposed to them by direct or by indirect contact. It must always be remembered that fresh discharges are the most virulent.

In the following diseases the way in which the infecting agent escapes from the body may be definitely stated. *Scarlet fever*: in the secretions of the nose and throat and aural and nasal discharges, desquamation in itself is harmless. *Diphtheria*: in the secretions of the nose and throat and nasal and aural discharges. *Measles*: in the nasal and throat secretions. *Chickenpox*: in the nasal and throat secretions and possibly in the skin lesions. *Smallpox*: in the nasal and throat secretions and the late skin lesions. *Whooping cough*: in the nasal and throat secretions and especially in the bronchial secretion coughed up after a paroxysm. *Mumps*: in the buccal, throat, and nasal secretions. *Typhus fever*: in the blood of the patient which has been extracted by the body or head louse. *Cerebro-spinal meningitis*: in the nasal secretions. *Anterior poliomyelitis*: in the nasal and throat secretions and possibly in the intestinal contents. These examples are sufficient to show that we have definite facts with which to combat the diseases mentioned, never forgetting that it is the fresh discharges which are the most highly infectious.

Supplementing the successful experiments already carried out in France and England, continued experience with infectious disease impels one to doubt the aerial transmission of disease. Although experiments have often been made to determine the presence of disease-producing bacteria in the air, and with more or less success, it is obvious that the organisms so recovered have been very few in number. Theoretically, from such experiments, we should have to reckon with air as a possible source of infection; practically, however, it is of small significance. Exception is made of possible infection when a child coughs in one's face at close range, expelling visible particles of secre-

tion. The determining factors in the production of disease are the number of organisms ingested, the virulence of these organisms, and the immunity of the patient. The dosage is of considerable importance and may explain the inconsistency between laboratory results in recovering bacteria from the air and the fact learned from hospital experience that such infection is uncommon if ever possible except at close range.

The problem of controlling infection resolves itself, then, into measures for preventing the transference of secretion or excretion from the sick to the well, either by direct or indirect contact. Lord Lister taught surgeons that clean operative wounds were possible by employing "antisepsis." The asepsis of today is Lister's "antisepsis" without the antiseptic spray to sterilize the air. Asepsis will do for the medical care of patients suffering from infectious disease what it has done for surgery.

In addition to asepsis, there are two other important principles in the successful care of infectious disease in a hospital. The first of these is the proper admission and supervision of patients. Exact diagnosis is difficult and impossible in a certain percentage of cases. These mild, unrecognized cases are one of the most important sources of disease in any community and particularly in a general hospital. The admitting officer should realize this fact and isolate all doubtful cases. Many cases are carriers of disease other than that for which they are admitted; in the case of diphtheria, carriers can be detected by taking cultures at the time of admission; vaginal smears should also be taken to guard against gonorrheal vaginitis. Carriers of other diseases may escape detection. Another problem is the possibility of admitting cases which are incubating a secondary disease. Inquiry should be made at the home as to whether the patient has been recently exposed to any other disease, at home or elsewhere. If all new patients are isolated alone or at most with one or two other new cases during a detention period, the second disease may show up and infection of other patients be prevented or greatly limited. As a general rule there should be no large wards in an infectious hospital; that is, none to hold over eight or ten patients. Supervision of patients should be keen and unremitting, in order to detect at the earliest moment the onset of secondary disease. Prompt isolation will save much trouble. The supervision should be not confined to patients but should include the hospital personnel, particularly nurses and others who come into intimate relation with the patients: all acute illness among employees should be cause for removal from duty until the diagnosis has been made. Hospital employees should have cultures taken when they are engaged and at intervals afterwards: they should also be successfully vaccinated.

The second important principle in the administration of a hospital for contagious diseases is the distribution of patients or methods used to prevent patients with different diseases from mingling. Since the beginning of aseptic nursing, two methods have evolved for the isolation of patients, the cubicle system and the barrier system. The cubicle method is to put patients into rooms designed for single patients. These rooms may be arranged on both sides of a central corridor, on one side of a corridor, or the approach may be from an out-door veranda. In one or two English hospitals, a double tier of rooms with glass partitions are approached only from a veranda on each side of the building. The glass partition allows the nurse to observe all her patients, but the patients cannot come together without going out on the veranda and entering the other doors. In some hospitals, the partitions are not complete. In England, old wards have been cut up into several rooms leading into a central corridor and the partitions are about seven feet high. Whatever the construction, the object in view is to make it difficult for patients to mingle.

The second system of isolation is the barrier system and really developed out of Grancher's experiments. This method aims to isolate patients in the same room with other patients suffering from other diseases. In Grancher's wards, the bed of a barriered patient was surrounded by a wire screen. In England, the first barrier tried was sheets kept wet with bichloride of mercury; it was soon learned that these were unnecessary and the beds are designated by a piece of colored tape. At Providence City Hospital, we employ a card which hangs, in a card holder, on the patient's bed.

Any method of separation must be supplemented by vigilant supervision of patients by the nurses on duty. Each patient or group of patients suffering from the same disease may be said to be treated in a unit. Hands, utensils, linen, and so forth must be sterilized efficiently and faithfully when passing from one unit to another for otherwise they may carry fresh and virulent secretions.

In March, 1910, aseptic nursing was first undertaken at the Providence City Hospital. Charles V. Chapin, Superintendent of Health of Providence, had visited, several years previously, some of the hospitals already referred to, and was able to have the City Hospital constructed in accordance with theories of medical asepsis. To him belongs the credit of this venture, a venture which, it is hoped, may come to mean much to the infectious hospitals in America. I wish to outline, in the following pages, the construction, the management, and the results attained between March 1, 1910, and January 1, 1915.

Patients suffering from infectious diseases are accommodated in



three two-story pavilions, arranged parallelly, and containing about 140 beds. Two of the buildings are duplicates; each floor of these pavilions is so arranged that about half of the patients can be placed in rooms off a central corridor and containing from one to three beds apiece. The main ward of fourteen beds is across the south end of the building. At the present time, one of the duplicate buildings is devoted to scarlet fever. The first floor of the other building houses the diphtheria patients; the second floor is used for an isolation ward where various infectious diseases, except measles and chickenpox, are treated. These highly transmissible diseases are not included because the nursing in these buildings is largely done by pupil nurses who have only a two months' training in the technique. The third building, the so-called Isolation Building, provides for the care of any infectious disease, including smallpox. On the first floor are twelve rooms containing one bed each, and on the second floor are rooms containing from one to three beds.

All the wards are provided with utility rooms and there is an operating room on the ground floor of each building. Each room occupied by patients is provided with a lavatory where the water must be turned on by forearm or foot levers and where nurses and physicians must wash contaminated hands in running water with soap and scrub brush; immersion in antiseptic solution is also required after such diseases as measles, chickenpox, smallpox, and very septic cases of other infectious diseases. With the exception of certain toilet rooms for convalescents, it is the purpose of the management to confine all infection to the rooms occupied by patients and whatever leaves these rooms must be properly cleaned or sterilized. Patients go through uninfected portions of the ward only under supervision to avoid their touching anything and so possibly infecting it. This is a very rigid rule.

Utility rooms are equipped with sterilizers and infected linen is thrown into a chute through which it drops into a canvas bag in the basement. These bags are collected and delivered to the laundry under aseptic precautions. In the basement of each building is a locker and wash room for nurses. When off duty, all nurses live in the same dormitory and eat in the same dining room; they are at liberty to leave the hospital with as much freedom as in any general hospital, no precautions being observed other than the technique followed when leaving the ward; namely, changing uniforms, and washing hands and face.

One kitchen does all the cooking and one laundry washes all the linen.

Elaborate construction alone is quite unable to prevent cross infection. Proper management is of far greater importance. The latter

resolves itself into proper admission of patients to prevent mistakes of diagnosis, active and intelligent observation of patients for symptoms of secondary disease, careful attention to the health of all employees, absolute separation of patients suffering from different diseases, and the proper and efficient sterilization of hands, utensils, and linen between different infectious units. Be assured that such work should be undertaken only by those who have had systematic and intelligent training. Nurses with old ideas of infection must shed them and learn to look at all points of contact to see that no infection gets by any barrier.



"BARRIERED" CASE

The City Hospital accepts for treatment a large variety of infectious diseases, including scarlet fever, diphtheria, measles, chickenpox, smallpox, mumps, gonorrheal conditions in children, syphilis, tuberculosis, erysipelas, whooping cough, typhus fever, trachoma, and so forth. It is therefore very important that all cases be promptly examined and the diagnosis must be as accurate as possible. Those who see contagious patients in large numbers appreciate the difficulty of diagnosing mild cases. At the City Hospital, we take no chances and doubtful cases are properly isolated until such time as the diagnosis is clear. All new cases are kept, for a week's observation, in detention rooms containing not more than three beds. In many cases this provides

opportunity for diagnosis, for obtaining cultures, smears, and so forth; and if patients are in the incubation period of some other disease which has a short incubation period, they may develop symptoms before they are placed with other convalescents.



CUBICLE ISOLATION WARD

Once the patient has been admitted, he must be under the most watchful care of physicians and nurses to detect the earliest sign of onset of any secondary disease. Nurses are instructed to barrier all suspicious cases and notify, at once, the physician on that ward. A careful history of exposure to secondary infection at home is obtained by the ambulance attendant.

When the patient has been admitted to the proper unit, the avoidance of transmitting infection from one unit to another devolves largely upon the nursing force. They must be taught the underlying principle of asepsis and the details of its administration. The wards are each in charge of a trained graduate nurse and in wards E and F, where the most highly transmissible diseases are treated, only graduate nurses are employed. Occasionally this rule is broken when we detail to these wards pupil nurses who, in the opinion of the superintendent of nurses, are especially intelligent and trustworthy. The remainder of the nursing work is performed by pupils who come from general hospitals for a two months' training in infectious diseases.

Omitting many comparatively unimportant details, I should like to point out certain interesting features. Nurses are taught that the room occupied by a patient is an infected area and, under no condition, shall she touch or allow any portion of her clothing to touch anything in such a room. Everything that leaves such a room must be properly sterilized. The nurse herself must scrub her hands thoroughly when leaving the room. She wears short sleeves but puts on a gown only when coming into intimate contact with the patient. She must see that patients in different units never come into direct or indirect contact.

All this elaborate technique must be supplemented by careful supervision of the nurses themselves, lest a sick nurse be on duty to the possibly serious menacing of the patients for whom she is caring; it is also for her own interest to be taken off duty at once until the diagnosis has been established. The same supervision applies to all the hospital personnel. Physicians, nurses, and help must be vaccinated and must have cultures taken when entering upon their duties.

Resident physicians wear white suits and, over their shirts, a short-sleeved, washable vest, outside of which is worn the usual white coat. On visiting patients, the coat is removed and a gown is worn only when making careful physical examination when intimate contact of the doctor's clothing and the patient or bed is unavoidable. The doctor never allows anything in an infected room to touch his clothing and always scrubs his hands between units.

The general administration of the hospital is, in detail, complex, but the general principles may be summed up as follows. Those who have duties which take them to the wards temporarily and who visit only the uninfected portions, need not take any precautions. Food and other supplies are so delivered to the wards that few receptacles have to be interchanged. Infected linen is collected under aseptic precautions by a reliable man and placed directly into washers when it is washed with boiling water and is certainly rendered sterile. No sterilizing washers are used.

Patients are brought to the hospital either in a town car or an ambulance, depending on the severity of the illness. The same aseptic precautions are taken so that it is safe to send the same vehicle for a case of scarlet fever and immediately afterwards for a case of measles. In five years, 3746 patients have been transported to the hospital and I am satisfied that no patient has contracted any disease from the ambulances.

Before discharge, the patient receives a thorough soap-and-water bath including shampoo, and clean clothing is provided. After discharge, the bed linen is sent to the laundry; the mattresses and pillows are either sterilized or thoroughly aired; all utensils used upon the patient are properly sterilized; bed and bedside table are washed with soap and water. If the patient has occupied a room by himself, and particularly after certain infectious diseases, not only the furniture but also the floor, walls, and fixtures are washed in soap and water. No fumigation is ever done.

It may be of interest to review the results obtained in the City Hospital during the five years between March 1, 1910, and January 1, 1915. During this period, 4914 patients have been treated in the hospital. Both the barrier and cubicle systems have been employed; three diseases are not isolated by the barrier system, namely, measles, chickenpox, and smallpox.

In estimating our success or failure in this work, I mean to point out the number of patients who have contracted a secondary disease and the number of employees who have contracted infectious diseases from patients. It will be necessary first to subtract 1204 adult patients treated for tuberculosis and for syphilis from the total (4914), leaving a total of 3710, practically all of whom were children. Of this number, 121 developed a secondary infection which was probably contracted in the hospital. This is an incidence of 3.2 per cent. The cross infections were distributed as follows:

Chickenpox.....	52
Diphtheria.....	4
Measles.....	35
Mumps.....	3
Rubella.....	4
Scarlet fever.....	19
Whooping cough.....	4
<hr/>	
Total.....	121

It will be evident that nearly one-half were cases of chickenpox, one-third were measles, and that chickenpox and measles together



amounted to eighty-seven cases, or three-fourths of the total. Only sixty-four cross infections took place in the isolation wards.

In the five years, thirty-three employees contracted an infectious disease. Twenty-four, or over three-fourths, were pupil nurses.<sup>1</sup> The diseases contracted were scarlet fever or diphtheria, with these exceptions: four cases of mumps and one of rubella. The incidence of infectious diseases among employees was, in 1913, 6.7 per cent and, in 1914, 4.2 per cent.

I know of no way absolutely to prevent cross infections in hospitals. Our limitations in recognizing at the first moment the exact diagnosis make this impossible, so long as we allow two or more children to associate during hospital residence. From the results already reported it would appear:

(1) That patients suffering from different diseases need not be housed in separate pavilions, inasmuch as atmospheric contagion is rare.

(2) That proper disposition and rigid asepsis will accomplish for patients suffering from the usual contagious diseases what surgical asepsis has done for surgery.

## IN GLEIWITZ

### UNIT I, AMERICAN RED CROSS, AT WORK

By DONNA G. BURGAR, R.N.

We arrived in Gleiwitz at one o'clock, noon, and went at once to the Garrison Lazarett, in carriages, each nurse with suit case and duffel-bag under her immediate supervision. There we were graciously received by the commanding surgeon and captain of the garrison. German was spoken, and both were delighted that so many of the nurses spoke the language of the country. The supervisor of the Unit acted as interpreter for the American Director and a conference was arranged for the same afternoon, to make plans for our coming work. We drove from the reception to the *Deutsches Haus*, which proved to be our home for the next few days, until our permanent living quarters were provided. Certainly all arrangements were expeditiously made, for immediately after luncheon came the conference, the trip to the *lazarett*s (military hospitals) which could be assigned to us, then the evening meal, to bed early, and to work the next morning at half-past seven.

<sup>1</sup> Seventy or eighty pupil nurses are received each year for training.

The *lazarett*, with the best possibilities for development for operating room work and the care of the severely wounded seemed to be the city theatre, which could accommodate seventy-eight cases, sixty-two downstairs, in the lobby, and sixteen in an upper reception room which was to be used for an operating and dressing room. This theatre had been hurriedly opened that week and put in charge of a military officer and a Sister who, with the help of a visiting doctor, had cared for seventy-five soldiers, for two days and nights. The Sister was most cordial and very helpful to the supervisor, going over everything with her. The theatre was supposed to have only slightly wounded cases, which practically means that each man is able to walk to the men's room, wash and feed himself, and make his bed, but among these cases were several bed-patients, one severely ill with pneumonia and several who could not wash or feed themselves, and it made it rather difficult for those who had the first days care of them, without more nurses and doctors. The first morning in the theatre was a never-to-be-forgotten one, for it was a living picture of the tragedy of war. It is perfectly easy to imagine a hospital filled with wounded, but it is difficult to imagine a theatre, and it was just as difficult to realize it when we saw it, for we could scarcely believe the picture was a reality, and not a play. The stage, the boxes, and the galleries were there, just as you would see them in any theatre, at any time, but there were no chairs nor seats for the patrons. In their places stood beds, low, slatted, iron beds covered with straw ticks, a single straw pillow, and a blue checked bed cover, on which were put the one or two blankets for covering. Beside the low, old-fashioned iron beds were plain pine tables, one table for every two beds, where all the last bare necessities for maintaining the life of man were kept; the dark bread, the daily allowance of butter, the knife, fork, and spoon, tobacco, soap, and pocket comb, and occasional toothbrush, but always a much worn picture of the wife, the children, or the sweetheart, and sometimes a few pieces of sweet chocolate—all in one small drawer. But if we did not see orchestra chairs, neither did we see the ordinary theatre-goers, dressed comfortably and well, intent on pleasure, with laughter on their faces and joy in their voices. In their places we saw many weary soldiers, away from those they loved, alone, except perhaps for the comrades of their regiment—for the soldiers all have comrades—and their devotion to each other is splendid to see. Instead of the gay theatre attire we saw the worn, mud-stained, torn uniform, with the dark, dried blood stains, telling the tale of wounds of hours and days before.

The first walk through the rows of blue-checked beds with the German nurse or Sister, as all foreign nurses are called, she in her

black cloth garb and black bonnet, forcibly made us realize the calibre of the German soldier. It was eight o'clock, and every man was washed and his hair combed, every bed was made, and the floor was being swept by the orderlies. There was order on every side and it was a pleasure to look at the clean, frank faces, the good physique, and to see the contentment amongst them, as they lay in their beds, sat at their tables, or walked to and fro, to the lounging corner in the foyer. Later we learned to know the childlike obedience of these clean, strong man; their patience, and courage in suffering, their honor, honesty, and frugal ways.

Our unit was quickly distributed to working centers, one nurse upstairs with the sixteen patients, others in the body of the theatre, others in the entrance corner of the foyer, for dressings, others to arrange the operating room. The doctors began the work of seeing the patients and doing dressings, for our own army instrument trunks and some of our supplies were already there, in readiness for our work.

There were a few bullets extracted that day, all dressings were done, and histories taken. These were dictated by the doctors to the German *helferin*, or helping nurses, in English, and then translated by them into German, for the military records. Often an American Sister had to help in getting these notes down correctly, as the *helferin* were not accustomed to the routine terms of medical notes, the doctors spoke as rapidly as they worked, and the continual use of the English language, for a morning or a whole day, was new to them. However, they did splendidly, for it must be remembered that these *helferin* have only a short practical and theoretical training of six weeks' hospital, and three months of lectures, and that they come from the better families, where they have no real responsibilities. They are all young women of from nineteen to twenty-five years of age. The system of *helferin* could not possibly work so well in any country as it does in Germany, where the word system means system, and where an order given in military headquarters, is obeyed to the last detail, even to remotest persons and places concerned. Two of the nurses, both speaking German, were detailed for night duty, one for the upper division and one for the lower. The next day found all in their appointed places, each ready to do her part, enthusiastic and interested. The theatre was gone over for the best adaptation to our needs and gradually all space was utilized. The operating room and dressing room were screened off in the lower foyer by using the long coat and hat racks, with sheets pinned over them for screens. Later in the week these screens were replaced by temporary rough board partitions, put up by the military carpenter and painter, who worked between operations and dressings. The operating

table was improvised from two carpenter's horses, with broad boards laid over them, the only padding for the patient's comfort being a folded blanket. The sterilizing of instruments was done on the small U. S. Army field alcohol stove and the sterilizing of dressings and operating supplies was done for us by one of the smaller *lazarets*, which had a steam sterilizer. The instruments were kept always in the army field trunks. A partly-broken hat tree made a satisfactory irrigating stand, a glass flower vase was used for the sterile thermometer for hot irrigations, more carpenter's horses, with rough boards from the packing boxes nailed on the top, were utilized for an ether table, for arm and leg rests in the dressing room and for stretcher rests. The marble top on the hot water radiator made an excellent scrubbing up table for the doctors, and the window ledges were sufficiently wide to hold the hot and cold water pitchers. A packing box made a good clothes hamper, and an old counter set near the wall in the dressing room was a stow-away corner for the daily supplies for operating and dressing room. All surgical supplies were left in their original packing boxes and stored in the wide space on the stage back of a fireproof curtain. The doctors' sleeping room for night emergency calls was the second balcony box, entirely open to the ward except for the coat and hat rack screen, and the lower boxes were used for store places for the extra linen, pillows and blankets for the ward. Newspapers were used for everything—for sputum cups, for rubber sheets for the beds, or for the dressing rubber and bath rubber.

Probably the most interesting thing that was improvised was the "dressing car," a wheel chair, a donation to the *lazarett* by a townsman, but too small for any of the soldiers to use and at first thought to be of no use to us. With the assistance of an orderly, one of the nurses was able to make a useful dressing wagon by constructing a wooden tray to fit across the wicker arms of the chair and using the narrow seat as a second tray and the foot rest as the place for the soiled dressing pail. The tourniquet always accompanied this dressing car for one never knew at what moment a hemorrhage might occur.

At the rear and right side of the stage were the rooming places of the military petty officer in charge of the military administration of the hospital and the orderlies. In the actresses' dressing room on the second floor, back of the gallery and to the right side of the stage space was the dormitory or barracks, as it was called, for the superior and five of the nurses. The individual sections were screened off by more of these handy coat and hat racks, only this time they were covered with heavy brown wrapping paper instead of sheets. The other nurses roomed in the very front of the theatre in a residential portion,

on the *Wilhelmstrasse*. The linen room, cared for entirely by the society of German women corresponding somewhat to our Daughters of the Revolution, was inconveniently situated on the third floor over the nurses' dormitory. The kitchen was in the basement and under military management, all orders for food going by requisition to our superior and through her to the petty officer. The wine closet and beer counter made a good medicine chest and table for serving the patients' diets.

The theatre building is an extensive and comprehensive one, extending over two-thirds of a block and it has everything in it; moving picture show, restaurant, bakery, public bath and swimming pool, hairdressers, barber shop, shoe store, flower store, furniture store, jewelers, apothecary, photographer, ladies' tailor, military tailor, wine shop and family apartments. In the rear is a large garden for the summer plays and music and the out-of-door eating which is so much a part of German life. In the front of the theatre is a sunken garden street with a small pool and water plants, shrubs, flower gardens and benches for the use of the public. There are a number of thrifty mountain laurel bushes, a cultivated variety, as the wild mountain laurel does not grow here as it does in our country.

In a short time our work expanded, for two other hospitals were put under our charge, both private hospitals or *kliniks* in time of peace, each accommodating twenty-five patients. These *kliniks* were used for officers as well as soldiers, as some of the rooms were beautifully furnished and equipped. A day nurse and night nurse had to be stationed in each of these, so by the end of the second week our forces were pretty well scattered, but again the *helferin*, under the supervision of a graduate nurse, made it quite possible for the wounded to be well cared for, even with the emergencies with which we were continuously confronted.

All these *lazarets* were within a radius of four blocks, so the distances for the coming and going of the doctors and nurses was not great. Our meals were provided for us in a private dining room in the theatre restaurant, a convenient situation, but later arrangements were made for eating at the Gleiwitz Casino, the men's City Club House; a quiet place with better service and more comfortable for everyone, although it was a walk of three blocks from our place of work.

The first transfer of patients came within twenty-four hours of our taking charge of the *Viktoria Lazarett*. Orders came to have all patients who could sit up for a long journey on the train gotten ready for transfer, as a transport with wounded was coming to Gleiwitz and we were to receive the most badly wounded. About thirty men were sent out,



dressed in full uniform, just as they had come from the field. It was pathetic to see them as their clothes were well worn, wrinkled and stained; boots hard from exposure to wet, and their helmets, coats or trousers pierced or torn by bullets. But they were happy, content to go along farther into the interior, grateful for the care, and willing to vacate their places for others in a worse condition than they.

On another day an order came which practically cleared our *lazarett*. A hospital train fully equipped with doctors, nurses, orderlies, operating department, linen and culinary department, was to take our wounded on farther north and another hospital train was to come in bringing us freshly wounded. Our doctors were operating when the message came and it was almost the hour for the noon diets to be served. As quickly as possible all busied themselves with the preparations, did all dressings, fed and dressed seventy men and before all our men had departed, the new cases began to arrive, seventy-two in all, each one brought in on a stretcher directly from the field's first-aid station.

The horrors of the war again came forcibly to us as these one hundred and forty soldiers came and went, all severely wounded, many to be life-long cripples, some to have long weeks of suffering and then to return to fight again for their country and others with only a few hours or days to live. The wounds were severe, mostly leg and hip wounds, although there were five lung-shots and three head wounds amongst them. There were several compound-fractured femurs, several shattered elbows and shoulders and often one man would have two or three injuries. Their fortitude was wonderful and we could not work fast enough in our efforts to make them more comfortable; undressing, bathing and feeding them and dressing their wounds. They were weary and fell asleep as if they were so many tired children.

In the days following patients came and went, the same routine continuing in our work of rapidly discharging to interior *lazarett*s and quickly receiving fresh cases. There was considerable tenseness in the atmosphere, in the town, as the active points were not far distant, one only twenty-five miles away, which isn't far in this age of long reaching guns.

The work of the surgeons is most conservative and protective, so the percentage of amputations has been very small. Infected wounds are many, in fact the percentage of uninfected wounds is very small. There was one transfer of twenty-five men received, coming from their first-aid on the field to one of the smaller *kliniks* within twelve hours of injury, and all of these wounds remained uninfected under alcohol, iodine and dry dressing treatment. Another interesting feature has often been noted and that is that the men coming from the same engage-



ment are almost always injured in the same part of the body, hip, shoulder, leg or arm. In tabulating once the cases in one of the outside *kliniks* it was found that out of twenty cases which came from one particular point 75 per cent were injured on the left side of the body: foot, leg, hip and shoulder wounds. We have had a smaller percentage of abdominal wounds, but there has been considerable abdominal operating, appendices and hernias. The surgeons have been asked to do operations in other *lazarets* and a great number of cases have been transferred from other stations to the Viktoria. Practically analyzed, it is the work of an accident or emergency hospital except that the patient enters in the uniform of a soldier instead of in the dress of a workman. Tourniquets are always in use, for hemorrhages are frequent, not after operation but following the injury.

The duties of the night nurses and the operating room nurses have been the most arduous, particularly in the beginning, when the patients came and went so rapidly and the work of the unit was in the process of organization.

#### AN ACCIDENTAL CASE OF STRYCHNINE POISONING

By BEA W. GRAVES, R.N.

*Seattle, Washington*

An unusual case came under my observation last summer in A——, a little summer resort in Montana. I was called by telephone at six a.m. from my ranch home, a team was sent out for me and after a hurried five and a half mile ride over the hills, we arrived at my patient's home. Everything was extremely quiet.

Dr. B. met me in the living room, his face grave and anxious. "It is a case of accidental strychnine poisoning," he said, "Mrs. H., a very close call. If she lives three more hours, I think we can save her." We entered her room. The patient, a woman past fifty, whom I had met many times, I should never have recognized. Her body lay straight and rigid except for a restless movement of her arms. Her face, grayish in color, was drawn and haggard, the nether lip pushed out and over the upper one. The eyes were closed and sunken, the respiration labored, a low moan escaped her lips occasionally.

After taking her pulse and giving a few directions to her son, sitting beside her, the doctor motioned me to withdraw to the other room, where I received my orders and a short history of the case. "We must keep her absolutely quiet," he said, "a sudden noise will send her into convulsion or something merely touching her. If there is the least

twitching of the muscles, administer chloroform at once, until the muscles relax. She has had nine convulsions since I came at four thirty this morning. Her stomach was washed at five and morphine gr.  $\frac{1}{4}$  given hypodermically later. Repeat the hypodermic if necessary. Watch her pulse closely. Keep the body warm. Do not leave her alone under any circumstances. I will call later."

The doctor gave me a few details of the case but the history, as I learned later, was as follows: The patient had suffered from a severe headache the day before. She was to meet her husband, who was away for several days on business, on the following morning for a pleasure trip. Wishing to relieve her headache and feel able to go, she took a dose of calomel in the afternoon to be followed by a dose of Epsom salt in the night, hoping the effects might wear away before time to start the next morning. Before retiring she looked for the salts and found the package empty, but in rummaging through the cupboard she ran across an old package which had been brought down from the ranch among other medicines. She measured the dose and left it by her bedside. Awakening about three a.m., she took the dose of salts. It tasted a little bitter but she attributed that to its being old. She dozed off for a little while but was awakened with a terrible sickness, as she expressed it later, "not particularly pain but a horrible feeling all over." She had a convulsion and was alone in the house.

On regaining consciousness her mind was unusually clear. She felt she must be poisoned from the salts and feared she would die alone. There was no telephone in the house. The thought passed through her mind that should she die alone it would disgrace her family and probably be called suicide.

This thought spurred her to unusual effort.

She managed to get out to the yard and called, but none of the neighbors heard her. Feeling the terrible sickness returning, she entered the house and had a second convulsion. Her mind was still clear and on awaking from this convulsion she put on a few clothes and staggered up to her son's house, a block and a half away. The front of the house was used as a telephone office. Pounding on the door she aroused the night operator. "Tell Ned that I am sick," she gasped. He rushed to the bed room and called her son, who appeared just as she was having a third convulsion.

They called the doctor and then managed to get her onto the cot where the night operator had been sleeping. The doctor soon arrived and they washed her stomach, though she had a convulsion during the procedure. The doctor administered chloroform and gave her morphine gr.  $\frac{1}{4}$ . Then they carried her to the bed room. She dozed a little and the convulsions were coming less frequently.

In that condition the doctor left her in my charge. I took my position by the bedside, the chloroform and mask in hand, occasionally taking her pulse, which was rapid and irregular. She knew my voice and asked a few questions but did not open her eyes. In fifteen minutes after the doctor left she had a slight convulsion, then quiet again. I gave her water frequently, kept a cold pack on her head and heat at her feet. In twenty minutes there was another convulsion lasting two minutes, with facial contortions and the hands drawn up, then rest for forty minutes and so on during the morning. In the four hours until noon there were eight convulsions, but they were less severe each time, the last two being only slight tremors of the muscles.

We gave her six ounces of saline solution as she could retain it. At noon she took four ounces of milk. In the afternoon she called twice for chloroform but there was no twitching of the muscles. She had that strange feeling in her head and after a few inhalations of the chloroform it would pass away. She had a horror of the convulsions. Later she told me, "No one knows what it is, the awfulness before one comes on." She could not move her lower limbs though there was feeling in them, but had perfect use of her arms.

By evening I could turn her on her side to rub her back. All her muscles were sore and lame, especially she complained of strain through her chest and abdomen and pain in her head. The respiration was more natural, the pulse regular and the drawn expression had left her face. She was fairly comfortable and was able to talk with her husband. The doctor ordered codeine gr.  $\frac{1}{4}$  for that night. She was able to rest at intervals of from one to two hours during the night and had no more convulsions.

The next morning the doctor ordered a prescription for her kidneys, a mild cathartic, a generous soft and liquid diet and absolute quiet.

A few days showed marked improvement, gradually she regained the use of her lower limbs and the soreness left her muscles. At the end of the first week I propped her up in bed for her meals. She was able to sit up in a chair on the twelfth day and I left her at the end of two weeks. She was some time gaining her strength and for several months complained of soreness through her chest and abdomen. The doctor felt this was due to the convulsions rather than to any internal effect of the poison. Eventually she made a good recovery and seemed none the worse for the accident.

The salts were sent to a chemist for analysis. They were found to contain in an ordinary dose of salts, one-half ounce, strychnine enough to kill a person. The proportion, if I remember rightly, was two grains to the half ounce of salts.

In tracing the events it was found that these salts had been the property of a former employee's wife whose sudden death occurred at Mrs. H's ranch home several years before. She died in convulsions, but her death was attributed at the time to uremic poisoning in pregnancy. The salts had been put away with the other medicines and never used until Mrs. H. happened to run across them when her own package was empty. She firmly believed that foul play had been committed by the employee but he had not been heard from since he left, so the matter was not investigated. No doubt the prompt and efficient medical treatment Mrs. H. received saved her life.

### THE THREE PHASES OF LIFE<sup>1</sup>

By CLEMENT A. PENROSE, M.D.

*Baltimore, Maryland*

Under normal conditions life can be divided into three phases.

*First.* The phase of the body, in which the youth in his growing physique feels and meets more or less incompletely the demands of his physical being, athletic games, dancing, a military life, the instincts of sex, etc.

*Second.* The phase of the mind, when such enterprises are no longer satisfactory. A higher mental being has been created, often somewhat at the expense of the body, which is now unable to bear any great physical strain. The individual turns to more intellectual pursuits, which may carry him into active business or the realms of science, literature, philosophy, etc. In these vocations the same desire to excel or take a superior place in the world is manifest, even in an increasing degree. That is essentially the ambitious period of life, tempered, however, by experience, foresight and a more mature judgment.

*Third.* The phase of the spirit, the meaning of which term I shall not here attempt to define, but rather let my illustration explain. In this phase the bodily desires and satisfactions are practically nil, the mind, having attained the fruits of its efforts, find them less sweet than was anticipated. Not functioning with the same degree of excellence, as in the previous years, it is constrained to seek a less active sphere, where there is more time to consider the welfare of others.

The men or women, who have attained this ultimate perfection of life, a ripe old age, normally turn from the ambitions of the world to

<sup>1</sup> Portion of an address delivered to the graduating class of the Robert Garrett Hospital for Children, Baltimore.

the serious contemplation of life's end and their own preparedness for this end. They are inclined to take up acts of philanthropy and mercy, and to enjoy more than ever the companionship of their grandchildren.

The biographies of men and women who have accomplished great things illustrate this point most accurately, as well as our own personal experiences with such lives. Material acts of philanthropy from great business successes like Andrew Carnegie, John D. Rockefeller, Henry Phipps, etc., who have endowed universities, hospitals, laboratories, libraries, etc., or made great art collections, are not, as many would infer, the acts of conscience-stricken individuals, but are the actual necessities of lives that have been so productive in other ways. They must develop the spiritual side of their existence as a proper culmination of such great mental activity in the past. In the case of great teachers, philosophers, scientists, etc., the material evidences of such a trend may be lacking. We will, however, find in their writings, their teachings or addresses, evidences of this spiritual evolution, which in some instances becomes almost fanatical in its manifestation.

Sir Isaac Newton, who lived to be eighty-five years of age, drew the conclusion from his successful investigations of Nature of the existence of a supreme being. Alexander Von Humboldt in the latter days of his life became very charitable. Louis Agassiz, the famous Swiss scientist, gave evidences of this spiritual growth in his declining years, when he remarked to a friend "that a species is a thought of the Creator." Sir Oliver Lodge in a public lecture recently professed his faith. Our own Osler wrote a few years ago his *Science and Immortality*.

These are but a few of the many illustrations which I could bring to demonstrate this point. The reason for this spiritual development, as age advances in these great lives, I shall not attempt to explain here, even if I could. The fact remains that it is a climax to a most complete and successful life.

The point that I wish to emphasize, however, is that we should apply this conception of life to ourselves, and see to it that we develop our bodies, minds and spirits at the proper time and in a consistent manner. There are no very definite lines of demarcation between these phases of life, less so perhaps with men than women, where the menstrual function, motherhood, etc., fix fairly definitely certain periods. The probability, however, is that wide degrees of difference are quite normal with various types and races of people. In the same person, owing to a number of circumstances, both internal and external, there is probably also a wide range. Great variations in the number of years allotted to these different phases, relative to each other, are quite possible without any serious effect. If certain limits of time,



however, are exceeded by one to the detriment of the other, abnormal conditions must result, which are bound to produce bad effects on the health, happiness and success of the individual concerned.

To illustrate my meaning, it is well known that it is detrimental to a young person's future life to sacrifice the time necessary for proper mental development too much to athletics, dancing and other bodily pleasures, which should occupy a secondary place, and not interfere unduly with the vocation which has been undertaken. On the other hand, plunging into a mental development without a well-equipped body is a greater mistake. Wires can never be well adjusted without suitable poles placed to support them. Firm buildings cannot be erected without adequate foundations.

If the second phase of life, namely, the time devoted chiefly to mental growth, is protracted too far, the consequences may also be serious. A man who attempts to increase or continue his mental work at a time when his mind should be getting rid of its burdens, will get a dubious result. A mental or physical breakdown will take place, or he becomes a business or professional failure. Should such a man live long enough (not usually the case) to reach an old age, there will be little spiritual development. The hard struggle, the reaction against sustained effort, the humiliation of failure, will produce a crabbed old age. He becomes miserly with his worldly goods, suspicious of his fellow men, harsh in his judgments, a gossip, obscene often in his point of view, and with little thought of the sufferings of others.

Young women going out into the wide world in the active duties of nursing should regard these obvious successes or failures as sign posts on the road of life. While you profit by the lessons they teach, at the same time, cultivate the greatest tolerance for the lives of people in general. Who (in a developmental state themselves), can predict with certainty the ultimate success or failure of someone else! The frivolous young mother of the child you are called in to attend, with whose love of pleasure you may not wholly sympathize, may nevertheless have within her being the possibility of great character development. Help her in the care of her infant to the best of your ability and reserve your criticism. Remember always that the influence of a good woman is far reaching, and the good nurse, who is a good woman, has a double advantage. Be tactful with the older relatives of your patients, who may often be very tiresome to you. They are apt to seek reasons for your conduct in a case and possibly argue and debate your procedures and methods. Accept this in good faith as part of the great game, cheerfully and reasonably. Should you occasionally run across one of those old failures, in whom there is no spiritual trend, meet them with



serenity and kindness, even though they may try maliciously to make you as unhappy and as ill-at-ease as possible. You can win over even one of these, in the eleventh hour. Work with enthusiasm and make the work of each day sufficient in itself. In this fact lies probably the greatest happiness.

If you are so fortunate as to meet in your professional vocation one of those rare old men or women, who have reached the very fullness of life, a ripe old age, and who have normally developed their spiritual natures, have no fear of your relations with them. Medical work would be spared much that is irritating and disillusioning, if all we meet were as these. They will entertain and interest you and help you in many ways, although you cannot understand them, for who can comprehend "a peace which passeth all understanding?"

In conclusion, I would advise the promising young graduates to apply the foregoing to their own careers. While you are young, develop your bodies and preserve a good physical condition indefinitely, by taking plenty of outdoor exercise and various physical recreations and diversions. Develop your minds along normal channels and prepare for a time when you should stop all active duties. Put by something for a rainy day. I can wish you all nothing greater than, that after a successful and happy life, you will reach an age free from tears, where the approaching end of life is contemplated as its fitting climax, and not as an eternal tragedy.

## THE HISTORY OF THE FIRST YEAR OF A COTTAGE HOSPITAL

By ISALINE A. DAVIS, R.N.

*Springfield, Vermont*

In the early winter of 1913 a hospital association was formed in the village of Springfield, Vermont, a town of 5000 inhabitants who are mostly native New England people and some wealthy citizens. The village itself possesses several mills and factories and is surrounded by a farming community comprising several towns.

The association purchased a large two-story house with an ell, on an elevated site. Two stories and the attic were refitted as well as possible for hospital purposes, with an outlay of approximately \$6000. All of the rooms were done over, the wood-work painted, and the walls tinted cream white. The kitchen was in the ell; the room reserved for operating was one with a north-west exposure on the second floor. Steam heat and electric lights were installed throughout the building,

also electric call signals from each bed. The furnishings and equipment were all of the best quality obtainable, being gifts of local societies or private individuals, a small brass plate on each door indicating the donor. The operating room was furnished with suitable tables and apparatus by the local physicians. At the end of three months a \$200 gas-pressure sterilizer was put in, a gift from an outside friend, a former citizen. Six of the rooms were fitted up for patients, thirteen beds in all. One room on the first floor was reserved for the matron, all other workers having to be accommodated in near-by homes.

The foregoing statistics cover the year of service following the opening on March 1, 1914: Number of patients treated—115; males, 24; females, 91; medical cases 50; surgical, 65; largest number of patients at one time, 14; smallest number, 1; daily average for the year, 7; number of operations, 60, number of infants born, 14; number of deaths, 5. Some of the deaths were due to operations and in three cases death occurred in a short time after enrollment, when a fatal ending was expected.

The maternity room was attractively furnished in white, with a touch of blue on blankets and bassinet. It contained two beds, with hair mattresses and feather pillows; one white-enameled wire bassinet; also one lined basket for a second baby; one white bureau with mirror; one wicker rocker and another chair; scales, dressing basket, white enameled bedside table, with drawer, for each bed; also one adjustable bedside table. The cost of the room furnishings, including two pairs of blankets and linen, which comprised one dozen sheets, one dozen pillow slips, four dimity spreads and extra foot blankets, being in the neighborhood of \$200. The cost of the furnishings of the whole house was about \$1500.

All windows were supplied with double (dark and light) Holland shades and white dotted muslin sash curtains. Each room was supplied with a white iron folding screen with muslin curtains. Hardwood floors were laid when the house was refitted.

As the hospital was on too small a scale to organize a training school, the superintendent-and-matron combined, supplied for the nursing service, a head nurse, who was also in charge of the operating room, and an assistant, and a night nurse, all registered nurses. At times it was found necessary to bring in another worker, who was usually a domestic nurse living in the vicinity, for a day or two. The superintendent was given entire charge of the management of the institution and the employees, conferring with an outside committee of three on important matters. This one year of service has demonstrated to the public that a hospital was needed in the town and there seems to be

evidence that it will be patronized. The rates are as follows: \$15 weekly for maternity cases; \$15 for private rooms; \$12 weekly for bed in ward; \$5 extra as operating fee.

The prices above do not pay all the expenses for the class of service rendered and an effort is being made among interested friends to clear off a deficit of \$1500 for the first year. It is hoped that during the coming year a larger daily average will put the institution on a better financial footing. However, against the deficit there is a standing fund of \$1700 in the bank, which has been contributed for special uses or improvements as the need may arise.

"Great oaks from tiny acorns grow."

### THE MAGIC TRAY

By ROSA WILLSON

*Utica, Kansas*

What do you do with the child-patient whose languid appetite cannot be coaxed by even the daintiest dishes? One ingenious nurse, who recently came under my notice, solved the problem quite cleverly. The little convalescent was peevish and irritable, tired of the sick room and indifferent to the tasty lunches. A few days later the hours between meal times were counted impatiently and the food was eaten promptly and happily.

The change was accomplished through the aid of a Magic Tray. Of course a story came first, all children respond to the story stimulus, a story of the Fairy Good Health who had sent this wonderful tray to the tired little Pale Face and very eager and interested was the little diner when the tray first made its appearance. The tray itself was simply a variation of the prevalent idea, having a large oval frame with a securely-fastened glass and removable, cretonne-covered back. Under the glass, face up, were a goodly array of colored plates from a magazine, showing bears, elephants, circus ponies, clowns, etc. On the tray lay scissors, a paste bottle and a home-made scrap book with gray leaves. *Of course* the tray could not be turned over to get the pictures until the bowl of broth was emptied and the crackers, milk and fruit disposed of. During the brief meal the nurse recalled and told many bright and funny circus "stunts" and later she helped the little one cut and paste, watching carefully for signs of weariness.

Even with a minimum of expense, the variety of charms which one may fit into a Magic Tray are practically endless, but always they must be reserved until the tray is emptied. Sometimes there is a story,

half hidden behind a mask; funny cartoons with tissue paper for tracing; simple outline sketches to be colored; cardboard figures to trace around; sewing cards; raffia weaving; beads to string; dissected pictures and all sorts of flat puzzles; patterns of paste-board furniture; frequently a letter from some little friend or understanding grown-up; once there was a great array of tooth picks with a cup of soaked peas on top of the tray from which one could build amazing stick-and-pea houses and furniture; once a set of jack straws and again a set of grotesque Old Maid cards for a jolly game with nurse; blank writing paper or cards to be written on and sent to friends; once an invitation from the Soap-bubble Fairy to attend her party that afternoon; gay cords which nurse helped to weave into crow's feet, cat's cradles, snow fences and wood saws by delightful finger play, using the hands for a loom.

"She is such a successful nurse," I hear them say. Is it not because she does personal and original work, giving of herself freely as well as of her time? To such, success comes well deserved.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The King of England has bestowed the Royal Red Cross on Edith Campbell of Montreal, matron of the Duchess of Connaught Hospital at Cliveden, the Astor estate lent for the use of the wounded. Her official title is Matron Captain Campbell. She is a graduate of the Presbyterian Hospital, New York. Eleven other nurses were decorated at the same time.

Two kinds of respirators for the protection of troops against poisonous gases have been approved by the English War Office. One is cone-shaped, made of wire mesh covered with stockinette; an alkali cartridge is affixed in front. When this is dipped in water, the alkali in solution spreads over the surface of the wire mesh and neutralizes the noxious gas. The second is made like a mask, of a loose fabric, fitted with a transparent slip of mica; at the mouth is an alkali filter. The ordinary absorbent cotton pad, while excellent in a laboratory, or for one occasion, is of little value when it has to be used repeatedly against bromine or chlorine gas.

Percy Richardson is one of the nurses whose devoted service during the war has cost her life. She was a Canadian, but went from New York. She had received the Order of Merit from the British Government for distinguished service while nursing in South Africa during the Boer War. She died in France of hemorrhage brought on by over-fatigue.

The New Zealand nursing contingent has the same status as officers of the Expeditionary Force. The term of service is for the duration of the war. Matrons receive £150 a year; sisters, £120; nurses, £100. Each member of the contingent receives an outfit fee. When meals and lodging are not provided each has an extra allowance of 3 s. 6 d. per day.

London physicians have diagnosed a new disease consequent upon the war. It affects the shoulder and arm rather than the fingers and is known as "knitting neuritis." It attacks those who knit with difficulty, but whose anxiety to help in providing the soldiers with socks has caused them to persevere in the work. Complete rest from knitting is the only hope of cure.

A Canadian soldier writes from France,

It is a simpler matter than you might think to wash an army. Sometimes we are marched off to a deserted factory or laundry. At the sound of a whistle we file past a table, one platoon at a time, are handed a fresh suit of underwear and enter the bathing room. At the end of ten minutes we are washed and out of the way for another platoon. Our discarded clothes are laundered for someone else while we march away rejuvenated.

The British also have portable bathing equipments. A motor bath car carries twelve folding tubs made of specially prepared canvas and iron frames. When in use these are covered with a tent, made by drawing out sheets of canvas fixed to the top of the motor and secured to tent poles. Two boilers with a heating capacity of two gallons a minute are attached to the car. Paraffin or kerosene, sprayed under pressure, is the fuel used. A 50-gallon water tank is fixed to one of the run boards; to replenish it, water is pumped in by means of a hose and hand pump.

Dollar boxes of food are sent from England to Canadian prisoners in Germany, the funds being contributed in Canada. A Swiss governess, who had assisted in nursing work in Germany and had returned to Zurich, said that the prisoners received as good food as the German wounded in hospital. None of it was very appetizing and the so-called war bread was almost uneatable.

A concourse of women of the poorer classes in Vienna filled the courtyard of the Emperor Francis Joseph's palace, the *Hofburg*, recently, to plead for peace. Many of them were in deep mourning for husbands and sons killed in the war. They uttered their woe in heart-rending wails: "We want peace. We want our men back. We want bread and work. We want peace." The Emperor, who will be eighty-five next month, came out on a balcony and implored them to go home quietly and to go on enduring for Austria. He promised an eventual peace with honor that would bring renewed prosperity to the whole country.

Mrs. Wilson, a Canadian nurse, was buried with military honors at Shornecliffe, recently. Four hundred soldiers attended the funeral which was conducted by the chaplain of the forces. She had served in South Africa and was the recipient of the King's and Queen's medals.



## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### ITEMS

The American Red Cross has decided to recall all its units in October of this year, except from Belgium, where the nurses have been serving for so much shorter time than in other countries.

Helen Scott Hay, who has been on duty with the Red Cross in Russia, went to Bulgaria at the close of her term of service in Russia and is helping make plans for the training school for Bulgarian nurses which will be established now if funds can be raised to support the undertaking.

On July 31 two nurses were sent to Serbia to assist in organizing infant welfare work in that country under the direction of two women physicians. It is the intention to establish a hospital, probably at Nish, which shall be headquarters for the instruction of mothers in the care of infants. Mrs. Maud H. Metcalf of New York City is a graduate of Bellevue Hospital Training School, class of 1904. From graduation until 1911 she was engaged in private nursing, and for seven months did infant welfare work with the New York Milk Committee. She was also assistant superintendent of nurses at the Savannah Hospital, Savannah, Georgia. Mrs. Metcalf has recently returned from Russia where she was on duty more than nine months with one of the Red Cross Units. Grace E. Utley of New York City is a graduate of Hahnemann Hospital, class of 1897. From this time until 1898 she was head surgical nurse and acting assistant superintendent of the Utica Homeopathic Hospital, Utica, N. Y. She was at Dr. Hallock's Health School for nervous, medical and convalescent patients, at Cromwell, Conn., in the summer of 1900, and took a course at the Presbyterian Hospital for added experience in the summer of 1902. In the summer of 1908 she did district nursing at Henry Street Settlement, and the year following she took a post-graduate course at Sloane Maternity Hospital. Since then and at various time she has done private duty at home and abroad.

## EXPERIENCES OF UNIT D AT HASLAR, ENGLAND

BY J. BEATRICE BOWMAN, R.N.

The Royal Naval Hospital, Haslar, was built about 1735, and contains 99 wards with about 28 beds to a ward. When we arrived the beds numbered 2600. The peace capacity is 1500; emergency capacity, 7000. In peace time, the average number of patients is about 500 a week.

When we arrived there were 26 English sisters already there, 4 Navy sisters and 22 reserves. As the work was very light, we were distributed amongst the various wards to learn the system and to become accustomed to Navy regulations. It was not easy for our nurses coming from private duty to be suddenly dropped into a military hospital, but that they tried hard and succeeded was shown by a comment of Surgeon General Dennis, of the English Navy, "If your motto is quietness and efficiency you have quite lived up to it."

The kindnesses and hospitality shown us from the moment of our arrival, will never be forgotten and our English naval sisters and Naval Reserve sisters will always be a bright and happy memory to Unit D. It would be an inexcusable oversight not to mention the kindness and consideration shown by the Naval medical officers for we must take into consideration the difficulties in working with people whose ways are different. We were more than grateful for their unfailing courtesy and kindness and also for the hospitality shown us by their wives.

The morning after our arrival, Miss Hickley the head sister, and I had a long conference. She was greatly surprised to learn that we had been graduated from the best training schools in the United States; and in explanation she said the English Red Cross has not our standard but is composed of women who have had six months' training in First Aid.

The sisters went on duty at 8 a.m.; first lunch was served at 12.30 for the relieving nurses, and second lunch at 1.30 after which they remained off duty until 5 p.m. Dinner was served night sisters at 7.30 p.m.; second dinner at 8. One half day a week was given. As in our Naval hospitals, the language is "sea going," the floor being "the deck," the top floor "top side" and down stairs, "below." The sisters' office is called the "Sisters' Cabin," the operating room is "the theatre"; all of which greatly interested and amused the American contingent. The Hospital Corps is called "The Sick Berth Staff" and is composed of "Ward Masters" (petty officers) and "Stewards" or nurses. When talking to the Surgeon General one day about our

nurses he rather sharply told me that "they were the 'Sisters' and the men were the 'nurses,'" "Sisters," in the English hospitals, being the rank given the staff nurses. The St. George Ambulance Corps men were there in great numbers, acting as orderlies and making themselves generally useful, during their spare time undergoing strenuous drilling. Large numbers of them were sent to the front while we were there.

The beds at this hospital were interesting, being well made of iron, black enameled. The head and foot pieces were easily removed, allowing the patient to be gently placed without unnecessary jarring. The method of removing the patient from the operating theatre to the bed was excellent. Upon the stretcher that is to bring the patient from the theatre is a piece of canvas of the required size, on which is placed the necessary equipment for an ether bed. The operation over, the patient is carefully lifted onto the stretcher. Iron rods are run through deep hems in the canvas and clamped together at the ends, thus forming a strong stretcher to carry him to the bed and on which he is placed. The iron rods, only, are removed until he is able to have the ether bed taken away.

Of course we had great fun over the English expressions and in turn the English were ever laughing at us. I gasped when, on asking a Navy sister about a very ill patient, she solemnly declared him to be "a jolly sick man;" and we had some difficulty in learning to say we would send "a chit" to the office when we meant a slip or requisition. Absorbent cotton was unknown, but "cotton wool" proved to be the same thing. All medicines were sent to the wards ready to administer, even a medical enema was made in the dispensary. At first we gasped at the huge doses, but were greatly relieved to find them largely water. Bottles were not labeled as to the name of medicine, so we were generally at a loss in knowing the drug administered. However, we soon found our tongues and asked the doctors. Bottles for external medicines are blue and for internal medicines are white and are kept in separate cases.

The iodine blower greatly interested our doctors for through it iodine was much more easily applied and certainly was more economically used. The blower apparatus is like the thermo-cautery blower and to it is attached a bottle arrangement like an atomizer. The spray works well and is used on every occasion where iodine is needed.

The ward was heated by two stoves placed at equal distance from either end of the ward. The English people may be accustomed to the cold, but I noticed the English sisters shivered just as much as we did if they were at any distance from the stoves. At this hospital we

met Mr. G. L. Cheatele of Cheatele forceps fame, who is being paid by the Government as a consultant surgeon, and Dr. Rolleston who is the consultant physician. Both are brilliant men and it was delightful to work with them. We also met Sir William Osler, who was making a short visit from Oxford. The Admiral of the Port of Portsmouth, and Lady Meux called upon us and were afterwards most hospitable and kind.

On November 7, Lady Meux took Dr. H. and me in her car to the Netley Military Hospital which is the largest army hospital. The building dates from the Crimean War, Queen Victoria having laid the first stone, and the bed capacity is one thousand. The hospital is more than a quarter of a mile long, and is three stories high. It is very awkwardly built, as the sun corridors run the entire length of the sunny side and the wards, opening from the back into the corridors, are quite dark. There were 120 German prisoners, and a sentinel stood guard at the doors with gun and fixed bayonet, no one being allowed to enter without special permission. We asked if they had had any trouble and were told: "not with the English, but the Belgians and Indians are anxious to get at the Germans." Here in Netley, we saw 200 Indian patients, the Gurkhas and Sikhs. The Gurkhas have full beards and the Sikhs are clean-shaven, but both have long hair coiled on top their heads under their turbans and are tall, well-built men. We were told that they would not eat food cooked or served by any but their own people, and as the ox is a sacred animal, they would eat nothing but mutton, or goat meat, and drink goats' milk; also they kill all their own meat. When asked if they liked the war, their faces brightened and they answered, through an interpreter, "Oh, yes, it was a pretty fight."

They were busy enough at Netley; the theatre sister told me they were operating day and night, and she looked the truth of her statement. From the hospital we were taken to the Red Cross Camp, affiliated with Netley. There the British Red Cross has a splendid encampment composed of shacks, some of which are portable. Each shack contains twenty beds and the entire bed capacity is 500. More shacks were in the process of building. Our attention was called to the fact that the majority of the wounded Indians had bullet wounds in the left hand, gotten by patting down the upper edge of the trench to make a resting place for their rifles.

On October 13, news came that about 800 Belgians would arrive. 200 came at 8 p.m., and the remainder after midnight, making a total of 575. All were terribly weary and had been without food for 48 hours, but they were soon put to bed and fed. On October 16, we received

378 more and on the 17th about 200, making the total number 1,000. We then made up for all idle time, and oh, how glad we were to help. Our cases were all septic, shrapnel wounds being the most common.

It was with great regret that we left Haslar for Paignton. The following extract from a letter received from the head nursing sister reveals the true comradeship that existed between the sisters of Haslar and "Unit D." She writes, "I am more sorry than I can express, that you all have gone, but you have left, I can truthfully answer for the others (the Naval sisters) as myself, the true spirit of 13 loyal women and you know how much I admire that spirit."

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### TOO LATE FOR CLASSIFICATION

#### REPORT OF THE LEAGUE MEETINGS

The report of the National League of Nursing Education, which was to have appeared in this issue of the JOURNAL, has been delayed because of the illness of the former secretary of the League, Sara E. Parsons. Miss Parsons hopes to have the report ready for the October JOURNAL.

### TEXAS

THE TEXAS BOARD OF NURSE EXAMINERS will hold examinations November 9 and 10 in El Paso, Ft. Worth, Houston and San Antonio, on the following subjects: practical nursing, surgical nursing, obstetrical nursing, materia medica, anatomy, physiology, hygiene, dietetics and gynecology.

M. M. TAYLOR, *Secretary,*  
*Physicians and Surgeons Hospital, San Antonio.*

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

### ITEMS

FLORIDA. The Florida State Board of Health recently held a competitive examination for four more tuberculosis nurses, there being two now in the field, Eula Lee Paschall of Pensacola and Miss Sherman of Tampa. As a result of the examination Irene R. Foote (graduate of the City Hospital, Minneapolis), has been appointed as a tuberculosis nurse and will assume her duties after a summer course at Teachers College. The other three appointments have not yet been announced. This work of trained tuberculosis workers in the rural districts of the state is practically new; and as Florida does not maintain any state, city or county institution, the workers now entering the field have a large problem to face. There is a great opportunity for education among the people in the rural communities. Dr. J. Y. Porter, state health officer, feels that much better results can be obtained by personal visits of the tuberculosis worker to the homes of these patients than through institutional care.

A state public health organization was organized at the last regular meeting of the Florida State Association held in Jacksonville early in March. In the last four years Florida has made wonderful strides along the lines of public health nursing.

JACKSONVILLE. Alice Attride (Flower Hospital, New York) succeeds Miss Foote as head nurse of the Visiting Nurse Department of the Associated Charities. This work since October 1914 has been under the direction of the Public Health Committee of the Woman's Club. Three years ago, a small tuberculosis dispensary was organized in the basement of the old St. Luke's Hospital by the Visiting Nurse Committee. When this hospital moved to its beautiful new buildings there was no provision made for the dispensary. Through the efforts of Dr. R. H. McGinnis, in charge of the dispensary, and Dr. C. E. Terry, city health officer, the basement of the City Engineers' Building was obtained. At that time the dispensary became general. It was supported entirely by voluntary contributions. On May 15, 1915,



the city assumed responsibility and appropriated \$500 for the ensuing year and established a drug room and a druggist for five hours each day. The Visiting Nurse Committee of the Woman's Club sends one nurse to act as registrar, and St. Luke's Hospital has added the dispensary work as part of its curriculum, sending two nurses each clinic day. Molly Phelan (Union Hospital, Fall River), will act as Miss Attridge's assistant. Josephine Rugg of the Infant Welfare Society, under the City Board of Health, has been very busy this summer and expects in the near future to have an assistant. The splendid regulations of the Board of Health regarding the licensing of mid-wives is greatly lessening the death rate of infants and cases of blindness due to ophthalmia neonatorum. Dora McCarthy, (Union Hospital, Fall River, Mass.) has resigned as school nurse. Mrs. Eleanor Roach (De Soto Sanitarium, Jacksonville) has succeeded her.

The Public Health Nurses of Chicago did a great deal of excellent relief work on the morning of the fatal Eastland disaster, when a large excursion boat turned over in mid-stream, within sight of thousands of people, carrying hundreds of innocent men, women and children to their deaths. While the enlisted Red Cross Nurses were being called, the School, Infant Welfare, Tuberculosis, and Visiting Nurses did heroic work in the warehouses, hastily cleared out and used as emergency stations, and even in the streets and on the bridge in the immediate vicinity of the disaster. Few victims were resuscitated by anyone's efforts, but every nurse who helped that morning and later, did her best to soften the blow of this cruelly unnecessary tragedy.

Nine graduate nurses have just concluded the summer course at the Chicago School of Civics and Philanthropy. Three were from Kansas City, Kans., including Rose Sterns, the Visiting Nurse. Three Chicago Visiting Nurses, Josephine Jokaitis, Mary Pritchard, and Mary Strain, also took the course. Eva Anderson, of the Visiting Nurse Staff, Chairman of the Committee on Industrial Nursing of the National Organization for Public Health Nursing, took the summer course at Teachers' College, in New York City. Miss Anderson writes back to her sister nurses as follows: "During my first two weeks, I felt as if I knew almost nothing at all about public health nursing, and upon comparing notes with the other nurses, I found that all felt as I did. The course has been simply invaluable, and we are all getting a great deal from it."

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**TREATMENT FOR PULMONARY TUBERCULOSIS.**—A writer in the *Medical Record* calls attention to the fact that it is the combination of the tubercle bacillus with the pus bacillus that makes it so deadly. To combat the latter, he recommends the use of a fresh preparation of calcium sulphide. He gives large doses, 6 to 8 grains a day, with astonishing success, and also uses creosote and cod liver oil simultaneously.

**CLOTHING AND HEAT.**—*The American Journal of Diseases of Children* says that to prevent the high summer death rate of infants the following points should be observed. (1) Decrease heat production by giving less food and more water. (2) Increase heat elimination by less and more-porous clothing, better circulation of air and more frequent baths. (3) Guard against infection, especially through food.

**POSTURE IN PNEUMONIA.**—*The Journal of the American Medical Association* reports the conclusions of a Swiss physician who has tried allowing pneumonia cases to sit up, out of bed, for three or four hours each afternoon. The patients were from twenty to eighty years of age and all had temperatures up to 104° F. They were moved to an arm chair beside the bed and well covered. Each one declared he felt better, could breathe and expectorate more easily and did not perspire so much. There was less tendency to cyanosis and respiration improved. The circulation was modified, the diaphragm dropped lower, relieving the heart, the blood accumulated in the legs, affording further relief. The effect was most marked with pneumonia of the lower lobes.

**CLEANLINESS IN DERMATOLOGY.**—*The Medical Press and Circular* says that cleanliness is the great assistant in the care of diseases of the skin such as ringworm, red eczema, etc. A weak solution allows the disease to spread, too strong a one irritates the skin. The principle of treatment is to clean antiseptically, then soothe with dressings mild, but antiseptic enough to hold the ground gained. In a case of red eczema of the scalp, the surface was cleaned with alcohol and covered with paste for a week.

**POLLEN THERAPY IN HAY FEVER.**—The injection of plant proteins from the pollen of the plants that cause it seems to be a promising method of treatment in hay fever. It is discussed in a paper in the *Boston Medical and Surgical Journal*.

**SENILITY AND LONGEVITY.**—A writer in the *New York Medical Journal* says that brain workers live longer than those who labor with their muscles, clergymen are amongst the longest-lived individuals. Women live longer than men and the married than the single. The religious life tends to prolong existence here.

**BURNS.**—In a paper on the management of burns in *The Journal of the American Medical Association*, it is recommended in burns of the first degree to apply dry powder, as bismuth, alum, or talcum. Salves and baths should be avoided to prevent maceration and excoriation of the skin which often admit infection. In cases of severe pain, compresses moistened with a solution of aluminum subacetate are applied to relieve the burning. These are also used in burns of the second degree; the blisters distended with serum are opened and drained, the skin being left in place to protect the papillary layer beneath. Oily substances, as caron oil, etc., are not recommended.

**BUTTERMILK.**—In an editorial in the same journal, the presence of bacteria in buttermilk is discussed. The slower milk sours, the greater is the danger of pathogenic germs surviving. There can be no doubt of the nutrient value of the beverage and it is satisfactory to learn that the chances of buttermilk becoming a carrier of infection are small. Strictly speaking it is a by-product of butter making, but the demand exceeding the supply, it is met by fermenting the skim or separator milk which is then indistinguishable from it in composition and properties.

**INFECTION OF TUBERCULOSIS.**—In a paper by a German authority in the *Medical Record* in regard to the medical problems in life insurance it is stated that in one record of 1428 deaths from tuberculosis there were but eleven instances in which the wife contracted the disease. In another series of 1244 cases only five wives were infected. Direct contact does not seem to be peculiarly dangerous. It is believed that tuberculosis is a disease of habitations rather than of direct transmission.

**EARLY SYMPTOMS OF CANCER.**—The *Maryland Medical Journal* prints an extract from the report of the Commission on Cancer of the Medical Society of the State of Pennsylvania. It emphasizes the fact that cancer always begins as a purely local disease, involving a strictly limited area. This is accessible in about four-fifths of all cases. A commencing cancer practically always indicates its presence when it is still in its early, locally limited and permanently curable stage. Delay is the most fruitful cause of death. Irregular vaginal bleeding in a woman about forty or over may mean uterine cancer. A lump in the breast, no matter how small nor how painless should have

immediate attention. A mole or wart which begins to grow, bleed or ulcerate is a danger sign that must be heeded at once. Nearly 60,000 people die every year in this country not because they have cancer but because they have waited for operation until the cancer was incurable.

**SIMULTANEOUS OPERATING.**—The *London Lancet* describes an operation at the Royal Military Hospital, Davenport, for the radical cure of bi-lateral inguinal hernia. Two operators took part, one on each side. The initial incisions were simultaneous, both operations, though varied in technic, proceeded at an equal rate and the last skin sutures were inserted at the same moment. The writer adds no small credit is due too to the sister (nurse) who supplied both operators synchronously and speedily with their various armamentarium. The case did well, the period of anesthesia and the surgical shock being reduced by half.

**LEPROSY AND THE COMMUNITY.**—The popular conception of the contagiousness of leprosy does not seem to be correct, according to a paper in the *Boston Medical and Surgical Journal*, and therefore more rational methods of isolation should prevail. The writer believes that leprosy is inherited and that the microbe exists in the spermatozoa and ova at the time of conception. Transmission by contagion is a rare exception, taking place in a way that defies detection. A number of family histories of lepers shows no case of transmission between husband and wife, no case of contagion between neighbors, however close their relations with a leper may have been; that no person related to a leper by any marriage ties, but not of the same blood, had been affected; and that even a child suckled by a leper woman remains unaffected, if not born of her.

**LESSENED SHOCK IN MILITARY WOUNDS.**—A writer in the *Journal of the American Medical Association*, who had served in the American Ambulance Hospital at Paris, states that surgeons at the first-aid stations say that the degree of shock shown by wounded soldiers is much less than that seen in civilians sustaining similar injuries. There can be no doubt that the mental attitude is largely responsible for this. The wounded soldier, while discouraged and suffering, sees visions of a comfortable bed and pleasant surroundings, feels himself somewhat of a hero, and escapes at the same time from the ever-present spectre of impending death. The physical condition of the French and English soldiers speaks well for those in charge of the commissariat. They were uniformly well nourished and healthy in appearance, a condition which goes far towards minimizing shock.

## NURSING NEWS AND ANNOUNCEMENTS

[Because of the fact that last month no items were published, and that this month the index for the year is given, there is a congestion of news and less space for it than is usual. For this reason all items have been cut down and many have been omitted.—Ed.]

### NATIONAL

#### THE AMERICAN NURSES' ASSOCIATION

Copies of the convention number of the JOURNAL may be had for 25 cents each. Reprints of the paper on Indian Nurses and Nursing Indians may be had for 10 cents each; reprints of the sessions devoted to boards of examiners and to legislation may be had for 15 cents each. All of these reprints were made because of the interest of the delegates in the subjects presented and their desire to have the papers widely distributed. Orders should be sent to the secretary and money may be sent in the form of stamps.

KATHERINE DEWITT, *Secretary*,  
45 S. Union St., Rochester, N. Y.

The following paper should have appeared with the proceedings in the August JOURNAL but through an oversight of the stenographer was omitted. It was read on Thursday afternoon, June 24, by Miss Montgomery:

#### REPORT OF SPECIAL REGISTRY COMMITTEE

A session on registries was held during the seventeenth annual convention of the American Nurses' Association, at which a special registry committee of eight members was appointed. Rules were adopted and later an outline of work to be followed was discussed at a round table meeting. The chairman, Alice C. Beattie, arranged a questionnaire for central directories, which she sent to the secretary in September, with all correspondence, asking her to take charge of the work until she should return from Europe where she went for Red Cross Service. Miss Beattie has not returned. The committee, through the Association's secretary and others, located more than forty central directories to which a questionnaire was submitted with the following result:

1. What are the three greatest difficulties encountered in conducting a central directory? Without exception, the greatest difficulty given was lack of cooperation of nurses enlisted, such as not reporting engagements made outside of directory; absence from home when called, without leaving telephone number to trace them; general disregard of rules and non-payment of dues. Other difficulties are, competition of non-professional registries; refusal of doctors to accept regulations; refusal of nurses to register for or to accept cases in the country or contagious work; lack of nurses to fill calls; placing nurses who are not in demand; lack of cooperation of alumnae associations; and disregard of the ethics of nursing.

2. Is your registry independent of a nurses' association? With very few exceptions central directories are connected with and are under the management of a nurses' association.

3. Do you enlist registered nurses only? This regulation is almost universally used in states which have registration.

4. Do you register practical nurses? The great majority register them; also male attendants.

5. What standard do you require? Recommendation from registry committee and of efficiency and good moral character from doctors and families where employed.

6. Have you a nurse or a lay-woman in charge of registry? One is in charge of a druggist; two in charge of lay-women; and all others in charge of registered nurses, many having registered nurses as assistants.

7. Have you any plan whereby the families of wage earners may have a trained nurse? Nearly all have such a plan.

8. If so, will you briefly outline plan. The general plans are to call the last nurses on the list, hourly nurses or nurses connected with public health associations.

9. Will you enclose rules and literature for helpful information? All but two responded, sending by-laws, application blanks, cards, stickers, and report blanks for record use. Nearly thirty directories returned the questionnaire with answers, enclosing letters with regard to their work in which they expressed great interest, also much difficulty in becoming well established and they plead for inspiration and support from the American Nurses' Association. All seem to be well organized. The by-laws or rules and regulations are so similar that they surely were copied one from the other. The membership dues are fairly uniform, generally \$10 per year; one at \$15, one at \$2 and one at \$4. They vary from \$5 to \$12.

Papers, discussions and a round table were arranged for the convention in California.

The committee recommends to the Board of Directors that a standing committee be appointed to consist of registrars of central directories, provided these directories are controlled by organizations affiliated with the American Nurses' Association, the registrars to be graduate nurses.

MARGARET MONTGOMERY,  
*Secretary.*

LUCY LAST,  
EMMA C. SLACKE,  
LYDIA BREAUX,  
ELLEN STEWART,  
AGNES G. DEANS,  
ALICE C. BEATLE,  
*Chairman (absent).*

NOTE.—In the August JOURNAL, page 961, two errors occur, due to a misunderstanding of the convention reporter. The statement of Miss Cadmus in regard to the New York inspector and of Miss Coleman in regard to the Michigan inspector, should be corrected thus:

The New York inspector receives a salary of \$1800 yearly, her traveling and living expenses are met when inspecting. The Michigan inspector is given a salary of \$1500 per year, and traveling expenses while away from headquarters.



## REPORT OF THE NURSES' RELIEF FUND, JUNE AND JULY, 1915

*Receipts*

Previously acknowledged.....	\$4355.44
Interest on bank balance.....	50.77
Helen McPherson, Binghamton, N. Y.....	1.00
Katherine Fenn, Terryville, Conn.....	1.00
Ellen M. Gill, St. Louis, Mo.....	1.00
New York Post Graduate Hospital Alumnae Association, New York City.....	75.00
Rhoda Ashnorth, Waldoboro, Maine.....	1.00
Florence M. Redfield, New Haven, Conn.....	1.00
Nurses' Alumnae Association of the Jackson Sanatorium, N. Y.....	5.00
Mrs. Florence R. Burgess, Wallingford, Conn.....	1.00
Frieda Albrecht, Cresco, Pa.....	1.00
Annie A. Morrill, Portland, Maine.....	1.00
Lucy D. Treadway, Brooklyn, N. Y.....	3.00
H. E. Olsson, Brooklyn, N. Y.....	3.00
Hildegard Backman, Tewksbury, Mass.....	1.00
Elizabeth MacCallum, East Orange, N. J.....	2.00
Jessie M. Rowe, Philadelphia, Pa.....	1.00
Lillian L. Swails, National Soldiers Home, Virginia.....	5.00
Cleveland City Hospital Alumnae Association, Ohio.....	15.00
Illinois Training School Alumnae Association, Chicago, Ill.....	25.00
Margaret B. Otis, New Orleans, La. (St. Luke's Alumnae, Denver, Col.).....	1.00
Elizabeth S. Robertson, Waddy, Ky.....	1.00
Minnie M. Eagle, Portland, Maine.....	1.00
Margaret Graham, New York City.....	3.00
Grace Hospital Alumnae Association, Detroit, Mich.....	20.00
Sarah M. Denel, Evanston, Ill.....	1.00
Frankford Hospital Nurses' Alumnae Association, Frankford, Pa....	5.00
Emma Isaacs, Louisville, Ky.....	1.00
Mary C. Nesbit, Council Bluffs, Iowa.....	1.00
Nurses' Alumnae Association of the German Hospital, Philadelphia, Pa.....	10.00
Virginia M. Alexander, Allegheny, Pa.....	1.00
Ruth Shawl, Smithport, Pa. (Kane Summit Hospital Alumnae).....	1.00
Laura L. Leinz, Philadelphia, Pa. (Philadelphia General Hospital Alumnae).....	1.00
Linda May Jaques, Tewksbury, Mass.....	1.00
Margaret A. MacDill, Syracuse, N. Y.....	1.00
M. Ellen Hollingsworth, Lamotte, Md.....	1.00
Canton Graduate Nurses' Association, Ohio.....	20.00
Mary M. Roberts, Cincinnati, Ohio.....	3.00
Mary A. Kiener, Los Angeles, Cal.....	5.00
Louise Schmits, Oakland, Cal.....	1.00
Lela Carr, Oklahoma City, Oklahoma.....	1.00
Leonora L. Jones, Omaha, Neb.....	1.00
Interest on Bonds.....	166.25
Ada I. Hapgood, Worcester, Mass.....	1.00

Edith C. Mead, Orange, N. J.	1.00
Mary G. Silk, Albuquerque, N. M.	2.00
Bradford Nurses' Association, Bradford, Pa.	15.00
Graduate Nurses' Association of West Virginia	25.00
Olive E. Holmes, Carthage, Mo.	1.00
Mary C. Ledwidge, Rochester, Minn.	1.00
Florence A. Prudence, Cleveland, Ohio	1.00
Grand Forks County Graduate Nurses Association, N. D.	25.00
Mary J. Lister, Fitchburg, Mass. (Worcester City Hospital Alumnae).	1.00
Henrietta K. Tucker, Fitchburg, Mass. (Worcester City Hospital Alumnae)	1.00
Wilhemina S. Agnew, Chicago, Ill. (Michael Reese Hospital Alumnae).	1.00
Lucy Clark, Chicago, Ill. (Illinois Training School)	5.00
Kathryn M. Quaing, Bellvue, Ky. (Speers Memorial Training School).	1.00
Eugenia Swann, Berryville, Va. (Philadelphia Orthopaedic Hospital).	1.00
Isabel Jarvis, Chicago, Ill. (Illinois Training School)	1.00
Alice C. Charles, Norristown, Pa. (Samaritan Hospital, Philadelphia).	1.00
Elizabeth J. Walley, Bruin, Pa.	1.00
Emma Church, Braddock, Pa. (Western Pennsylvania Alumnae)	1.00
Marietta D. Barnaby, Gardner, Mass.	1.00
Mrs. Chas. Howe, Chicago, Ill. (Hahnemann Hospital Alumnae)	5.00
Mrs. Georgia M. Pickering (Cooper Hospital Alumnae, Camden, N. J.)	1.00
Anna E. F. Seeber (Newark German Hospital Alumnae, Newark, N. J.)	1.00
Catherine Thompson (Illinois Training School Alumnae)	1.00
Mrs. C. F. Bollman (Rockford Hospital Alumnae, Rockford, Ill.)	1.00
Clara E. Meyer (St. Luke's Hospital Alumnae, New York)	1.00
Marion C. Prentiss (Illinois Training School)	1.00
Cora S. Swartz (Presbyterian Hospital Alumnae, Philadelphia)	1.00
Alumnae Association of St. Timothy's Hospital, Roxborough, Philadelphia	5.00
Lakeside Alumnae Association, Chicago, Ill.	5.00
Mrs. A. A. Fletcher (St. Luke's Alumnae Association, St. Louis)	1.00
Ethel Mary Hall (Newark City Hospital Alumnae, Newark, N. J.)	2.00
Brooklyn Homeopathic Hospital Alumnae Association, individual members:	
Anna Hausser	\$1.00
Emma L. Park	1.00
Bertha C. Cooper	1.00
Mrs. George A. Smith	3.00
Mrs. Wm. Casson	3.00
Lillian Parker	1.00
Carrie D. McKee	1.00
Mary A. Griswold	3.00
San Francisco Training School Alumnae Association	25.00
Emily K. Gamewell (Scranton Training School Alumnae)	3.00
Mary A. Waldron (Garfield Hospital Alumnae, Washington)	3.00
Annie V. Gilmartin (Orange Training School Alumnae)	5.00
German Hospital Alumnae Association, Newark, N. J.	5.00

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Mary E. Cornman, (University of Maryland Alumnae).....	5.00
Alice M. Tappan (Kings County Alumnae, Brooklyn).....	1.00
Paterson General Hospital Training School Alumnae Association, N. J. ....	46.00
Nurses' Alumnae Association, Philadelphia Orthopaedic Hospital....	10.00
Katherine DeWitt (Illinois Training School Alumnae).....	1.00
Emily F. Watson (Bishop Memorial Training School Alumnae, Pittsfield, Mass.).....	1.00
Kansas City General Hospital Alumnae Association, Kansas City....	10.00
Laura A. Beecroft (Western Pennsylvania Alumnae, Pittsburgh)....	5.00
Rubie L. Cameron (Worcester City Hospital Alumnae).....	2.00
Irene Benson (Illinois Training School).....	15.00
Ida M. Stuntz (Evanston Hospital Alumnae, Evanston).....	1.10
Lydia Frustenberger (St. Luke's Hospital Alumnae, N. Y.).....	10.00
Rochester General Hospital Alumnae Association, Rochester, N. Y. ....	25.00
Carrie E. Effley (Philadelphia General Alumnae).....	3.00
Mary L. Stakeburn (Worcester City Hospital Alumnae).....	5.00
Grace M. Thatcher (Allegheny General Alumnae, Pittsburgh).....	1.00
Third District, Illinois State Association of Graduate Nurses.....	5.00
Children's Hospital Alumnae, San Francisco.....	5.00
Sophia F. Steinhauer (Speers Memorial Hospital Alumnae, Dayton, Ky.).....	1.00
Margaret M. Hughes, Helena, Mont.....	5.00
Cass County Graduate Nurses' Association, Fargo, N. D.....	25.00
Mrs. Luella V. Cornish (Illinois Training School) New Orleans, La. ....	5.00
Nebraska State Nurses' Association.....	25.00
St. Luke's Hospital Alumnae Association, New Bedford, Mass.....	75.00
Belle Kramer (Illinois Training School).....	1.00
Mrs. Norris, Johns Hopkins Hospital Alumnae.....	1.00
Calendar Fund.....	259.19
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	\$5511.75

*Disbursements*

Benefit No. 1, North Carolina State Nurses' Association, eighth payment.....	\$10.00
Exchange on checks.....	1.27
Eureka Printing House, pledge cards and circular letters.....	70.25

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\$81.52*Assets*

Balance, August 1, 1915.....	\$5430.23
8 Bonds, par value.....	8000.00
2 Certificates of stock.....	2000.00

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\$15,430.23

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address L. A. Giberson, 1520 Arch St., Philadelphia, Pa.

M. LOUISE TWISS, Treasurer.

## CONVENTION PORTRAITS

Copies of the June issue of the *Pacific Coast Journal of Nursing*, containing photographs and history sketches of the national officers, may be had for 25 cents each by addressing the editor at 1143 Leavenworth Street, San Francisco, Cal.

## ARMY NURSE CORPS

**APPOINTMENTS.**—Richie C. Hall, graduate Uniontown Hospital, Uniontown, Pa., post graduate of Maternity Hospital, Philadelphia, Pa.; S. Elizabeth Blodgett, New England Hospital for Women and Children, Boston, Mass.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

**RE-APPOINTMENT.**—Elsie C. Dalton, graduate of Philadelphia General Hospital, Philadelphia, Pa.; assigned to duty at the Army and Navy General Hospital, Hot Springs, Arkansas.

**TRANSFERS.**—To Walter Reed General Hospital, Takoma Park, D. C.: Mary A. Rebholz. To Fort Leavenworth, Kansas: Florence M. Bailly. To the Office of Attending Surgeon, Washington, D. C.: M. Virginia Himes. To Army General Hospital, Fort Bayard, N. M.: Damie E. Henry. To Army and Navy General Hospital, Hot Springs, Arkansas: Katherine Dwyer. To the Letterman General Hospital, San Francisco, Cal.: Margaret S. Cromarty, Ethyl L. Dumbrille, Alice M. Tappan, Clara G. Calderwood, M. Eliza Weaverling, Mae V. Sullivan. To Department Hospital, Philippine Department, Manila, P. I.: Victoria Anderson.

**DISCHARGES.**—Janet Christenson from the Letterman General Hospital, San Francisco, Cal.; Louise Fennelle from the Walter Reed General Hospital, Takoma Park, D. C.; Charlotte G. Schultze from the Department Hospital, Manila, P. I.

DORA E. THOMPSON,  
Superintendent, Army Nurse Corps.

## NAVY NURSE CORPS

**APPOINTMENTS.**—Winifred V. Maynard, New York City Hospital Training School, Gouverneur Hospital, N. Y.; charge nurse, Santo Thomas Hospital, Panama; Nelle M. Sherzinger, Wheeling Hospital, W. Va.; Marguerite Leathley, Harper Hospital, Detroit, Mich.; Helen B. Kenny, Philadelphia General Hospital, Philadelphia, Pa.; Edith V. Kiester, Medico-Chirurgical Hospital, Philadelphia, Pa., head nurse Rockefeller Hospital, N. Y.; Eva E. MacLeod, Massachusetts General Hospital, Boston, Mass., assistant superintendent, St. Luke's Hospital, Bellingham, Wash., night superintendent St. Francis' Hospital, San Francisco, Cal.; J. Beatrice Bowman, Medico-Chirurgical Hospital, Philadelphia, chief nurse, Navy Nurse Corps, Red Cross Service, England, six months; Alice Newman, Los Angeles County Hospital, Cal., post graduate course Columbia Hospital, San Francisco, Cal.; Louise Blake Reed, New York City Hospital, Blackwell's Island; Frances C. Bonner, Philadelphia General Hospital, Pa., post-graduate course St. Christopher's Hospital, New York, Gouverneur Hospital, New York; Julia T. Johnson, Maryland General Hospital, Baltimore, Md., night supervisor, Maryland General Hospital.

**TRANSFERS.**—Chief Nurse, J. Beatrice Bowman, to Washington, D. C., Chief Nurse, Mary H. Du Bose, to Canacao, P. I.; Chief Nurse Ada M. Pendle-

ton, to Tutuila, Samoa; Chief Nurse Nell I. Disert, to Mare Island, Cal.; Acting Chief Nurse Mary H. Humphrey to Chelsea, Mass.; Winifred V. Maynard, to Washington, D. C.; Nelle M. Sherzinger, to Annapolis, Md.; Marguerite Leathley, and Helen B. Kenney, to Newport, R. I.; Edith V. Kiester, to Washington, D. C.; Eva E. Macleod to Newport, R. I.; Alice Newman, to Mare Island, Cal.; Louise Blake Reed to Washington, D. C.; Frances C. Bonner, to New York; Julia T. Johnson, to Norfolk, Va.; Esther Le C. James, Mary T. O'Connell and Alice Henderson, to Mare Island, Cal.; Florence M. Vevia, Julia T. Madden, Frida Krook and Mary J. Anderson, to Canacao, P. I.; Julia A. Nicholls and Anna M. Swanson to Guam; Julia T. Coonan, Selina M. Griffith and Carrie M. Luppert, to Newport, R. I.; Ella A. F. Blain, to Washington, D. C.; Ruby E. Wood, to Chelsea, Mass.; Eleanor Gallaher, to Washington, D. C.; Mary Brooks, to New York; Anna M. Fallamal and Blanche C. Moran, to Chelsea, Mass.; Lily E. White, to New York, N. Y.

HONORABLE DISCHARGE.—Sara A. May.

RESIGNATIONS.—Alice E. Wheeler, Emmeline Bauer, Jean Allan, Edith G. Lightle, Minnie E. Holtam.

DISCHARGED.—Antoinette Montferrand.

LENAH S. HIGBEE,

*Superintendent Navy Nurse Corps.*

#### ARKANSAS

THE ARKANSAS STATE BOARD OF NURSE EXAMINERS met in May, at the Capitol. Forty-five nurses were registered, and officers were elected as follows: president, Belle McKnight; secretary-treasurer, Mrs. F. W. Aydtlett. During May the Governor appointed Frank Hutchinson to fill the unexpired term of Mrs. H. E. Waller, and Margaret McCaffrey to succeed Menia S. Tye.

THE ARKANSAS STATE BOARD OF EXAMINERS will meet in Little Rock, October 26 and 27, at the State Capitol. Nurses desiring further information can address the secretary, Mrs. F. W. Aydtlett, 1200 Park Avenue, Little Rock.

**Eureka Springs.**—THE ARKANSAS STATE COMMITTEE OF THE NATIONAL RED CROSS NURSING SERVICE, held its first meeting July 10, at the Crescent Hotel. The committee was appointed by Jane A. Delano, National Chairman, in April, and consists of the following: Menia S. Tye, Fort Smith; Ruth Riley, Fayetteville; Belle McKnight, Pine Bluff; Frankie Hutchinson, Little Rock; Annie Bremeyer, Little Rock; Mrs. Mary Breckenridge Thompson, Eureka Springs. The committee elected Menia S. Tye chairman and Mrs. Thompson secretary, and advises all nurses resident in Arkansas that it is ready to receive applications from those wishing to enter the service. As the state committee is anxious to secure enough enrolled nurses in Arkansas to form local committees, it earnestly solicits the applications of all eligible nurses at an early date.

Address the secretary, Mrs. Mary Breckenridge Thompson, Crescent College, Eureka Springs, Arkansas.

#### COLORADO

THE STATE BOARD OF NURSE EXAMINERS will meet at the Capitol Building, Denver, during the week of September 20, to examine applicants for registration under the new law which is now in effect. For information, apply to Louise Perrin, Secretary, State House, Denver, Col.

## DISTRICT OF COLUMBIA

THE GRADUATE NURSES ASSOCIATION OF THE DISTRICT OF COLUMBIA has revised its constitution and by-laws, and is now governed by the board of directors, fifteen in number. Five are appointed for one year, five for two years and five for three years. From this board the following officers have been chosen: president, Lily Kanely; secretary, Fannie Carter; corresponding secretary, Lenah S. Higbee; treasurer, Alice M. Prentiss.

A PURE MILK CAMPAIGN was held during one week in August by the Associated Charities, the Diet Kitchen Association and all other infant welfare associations, the object being to establish coöperation and unification of effort. "Little Mothers" gave public demonstrations in the preparation of milk and the care of babies.

## FLORIDA

THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES held its annual meeting in June, when seventy applications were considered. The number of registered nurses in the state is 184. The registration law has not been in effect quite two years. The following officers were elected: president, Anna Davids; secretary-treasurer, Irene R. Foote. Eula Lee Paschall was appointed in October for a term of four years, to succeed A. L. Rutherford, on the board. Anna Davids was elected inspector of training schools, and will visit all in the state during the next six months. At the March meeting of the state association a fund was appropriated to cover the traveling expenses.

**St. Augustine.**—SARAH H. CABANISS has established an association at Neighborhood House which shall serve as a woman's club for various interests and activities.

## ILLINOIS

THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will meet in Chicago, October 14 and 15, 1915, for the purpose of conducting an examination for the registration of nurses. Applications must be filed not later than October 1, 1915. Blanks and information may be procured by addressing the secretary, Anna L. Tittman, Capitol Building, Springfield, Ill.

**Chicago.**—THE MICHAEL REESE TRAINING SCHOOL is twenty-five years old this year, and to commemorate this, the alumnae association has established a scholarship at Teachers' College, Columbia University. The scholarship is to begin this year and each year hereafter is to be given to some member of the graduating class, who applies for it and who comes up to the qualifications required by the committee. This matter was taken up so short a time before the graduating exercises that it has not been decided yet which member of the class of 1915 will receive the scholarship.

## INDIANA

THE INDIANA STATE NURSES' ASSOCIATION will be in convention in Indianapolis, September 28, 29, overlapping the first day of the Mississippi Valley Conference of Anti-Tuberculosis Workers, which will take place September 29-October 1. The State Nurses' Association meetings will be held in the nurses' home of the Protestant Deaconess Hospital; those of the tuberculosis convention in the Claypool Hotel.



**Indianapolis.**—MRS. ETHEL P. CLARK, formerly of the University Hospital, Baltimore, Maryland, has accepted the position of superintendent of nurses at the Robert Long Hospital. Mrs. Clark has recently finished a year at Teachers College.

## IOWA

**Dubuque.**—THE FRESH AIR CAMP, maintained by the Visiting Nurse Association, from the proceeds of the sale of Red Cross stamps, was opened the last of June. The Open Air School maintained jointly by the Visiting Nurse Association and the School Board, has closed a successful year, and its record augers well for the extension of the idea.

## KENTUCKY

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES held its ninth annual meeting at Owensboro, July 15-17 at the First Baptist Church. The association was entertained by the city officials, the Woman's Club, Mrs. Ella Green Davis, chairman of the arrangement committee, and her aids. A brief history of all hospitals, twelve in number, was given by either the superintendent, or a graduate of each institution. Six papers were read by as many nurses, and remarks were made by the president of the association, C. C. Collins. The following officers were elected: president, Joanna O'Connor; vice-presidents, Ida M. Hicks, Martha Cates; recording secretary, Grace James; corresponding secretary, Adah Krichbaum; treasurer, Matilda Steilberg.

**Louisville.**—ELIZA JOHNSON has resigned her position of superintendent of nurses of the City Hospital, after six years of disinterested and faithful service, and will take a needed rest at her home in South Pasadena before taking up executive work again.

## MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES, at its annual meeting elected as officers: president, Helen C. Bartlett; secretary-treasurer, Mary C. Packard.

THE MARYLAND STATE BOARD OF EXAMINERS FOR NURSES will hold the next examination for state registration October 12, 13, 14, 15, 1915. All applications must be filed with the secretary before October 1.

1211 Cathedral St., Baltimore.

MARY CARY PACKARD, R.N.,

*Secretary.*

## MASSACHUSETTS

THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration, on Wednesday and Thursday, October 13 and 14, 1915, at Boston, beginning at 9 a.m. Notice of exact place of examination will be given later.

WALTER P. BOWERS, *Secretary.*

**Boston.**—LUCY D. ADAMS, class of 1910, City Hospital, has been appointed District Inspector of Nursing, in Bristol, Conn., in charge of four nurses.

THE FLOATING HOSPITAL on June 30 began its twentieth season of work. When it is necessary for the mothers of the infants to accompany them for the day, frequently one or two small children are allowed to go also, as otherwise the mothers could not leave. The hospital has recently been given \$10,000 by the will of the late William H. Storey.

After living abroad for fifteen years, Mrs. Milton Robbins a graduate nurse and expert dietitian, has returned to Massachusetts. At the outbreak of the war she gave her villa at Nice, and \$2,000 for its support as a hospital, in memory of her husband. The villa accommodates fifty patients. Beside an additional gift of \$4,000, Mrs. Robbins has given her professional services. Many Americans in and around Nice assisted her.

THE NAVY DEPARTMENT is collecting information dealing with the normal capacity of all the public and semi-public hospitals throughout New England. It is also desirous of obtaining lists of nurses now on duty in hospitals as well as in private work who would be available for service at short notice, should the need arise.

**Roxbury.**—THE ALUMNAE ASSOCIATION OF THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN held its annual meeting at the Club House, June 12, when Linda Richards, the first graduate of the school was the guest of honor. Later the graduating class gave a reception to the alumnae. Miss Richards gave a short talk.

**Everett.**—THE TUBERCULOSIS HOSPITAL, with accommodations for twenty-four patients was opened June 18.

**Woburn.**—AT THE ANNUAL CELEBRATION OF HOSPITAL DAY, at Forest Park, there was an attendance of more than 3,000 people. The Choate Memorial Hospital realized over \$1,500.

**Pittsfield.** DR. FRED S. PEARSON, of Great Barrington, and London, who went down with the *Lusitania*, has left \$50,000 to the House of Mercy, and \$50,000 to the Lowell General Hospital.

**Hathorne.**—THE DANVERS STATE HOSPITAL has arranged an affiliation with Bellevue, New York City, whereby its pupil nurses will receive nine months training there, the rest of the three years' course being spent in the home school.

**Beverly.**—A PUBLIC HEALTH DISPENSARY has been established, with Mary Van Zile as executive secretary and special tuberculosis worker. Miss Van Zile has been actively engaged in public health work in Connecticut and Rhode Island for several years.

#### MICHIGAN

The report of the Michigan State Association, as sent to the JOURNAL and printed in the June issue, contained two mistakes which should be corrected. The treasurer of the Michigan State Nurses' Association is Kittie Hart, Lockwood Hospital, Petoskey (instead of Saginaw). The chairman of the credential committee of the State League of Nursing Education is Mrs. Effie W. Moore, 33 High Street, Detroit (instead of Emma Cross, Ypsilanti).

**Calumet.**—MRS. NORTHWAY has resigned her position as superintendent of the Calumet and Hecla Hospital.

#### MINNESOTA

**Rochester.**—JEAN H. SPIERS, of St. Mary's Hospital, has been working in France with the Scottish Women's Auxiliary Corps on the actual battle front.

#### MISSOURI

THE MISSOURI STATE NURSES' ASSOCIATION will hold its ninth annual meeting in St. Louis in October, the exact date and place to be announced later. Members who wish to have any special subjects discussed are asked to com-

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municate with the chairman of the programme committee, Margaret McKinley, 5322 Von Versen Avenue.

Miss E. L. WARR, has resigned her position at the St. Louis Training School, after a continuous service of thirty years. She was the able superintendent of the school for twenty-four years, then was made superintendent emeritus, which place she has filled for six years. After a vacation of two months Miss Warr will return and take up her residence in St. Louis. Graduates and pupils of the training school, as well as many others, will miss Miss Warr. She filled a unique place in the school and home. All are happy that she is going to remain in St. Louis.

THE GRADUATE NURSES' ASSOCIATION resumes its monthly meetings in September to which all graduate nurses of the city are invited. Meetings are held at 1210 Locust Street at 3 p.m.

Mexico.—THE MEXICO HOSPITAL is now permanently established, with Sara Reitz, graduate of the Lutheran Hospital, St. Louis, as superintendent.

#### MONTANA

THE MONTANA STATE ASSOCIATION at its annual meeting recently elected as its president, E. Augusta Ariss, Montana Deaconess Hospital, Great Falls. Mrs. Iva C. Benson was reelected as corresponding secretary.

#### NEW HAMPSHIRE

THE GRADUATE NURSES' ASSOCIATION held its ninth annual meeting at the State Hospital, Concord, on June 9, the president Miss Messer, in the chair. In the absence of the secretary, Julia B. Spinney was appointed secretary pro tem. Reports were read and accepted, and the following officers elected: president, Eva Crosby; vice-president, Mrs. Mary L. Varney; secretary-treasurer, Julia Blanche Spinney; corresponding secretary, Grace Lucas. Members appointed to complete the executive board, Mrs. R. O. Donohue, N. V. Curtis, Mrs. I. M. Lupin. Acting upon a suggestion of the Amesbury branch, it was voted to change the name of the stamp used, from Nurses' State Association to Graduate Nurses' Association. It was decided to apply for affiliation with the State Federation of Women's Clubs. An interesting paper on pellagra was read by Dr. Howard, and an invitation to visit the State Hospital to see two cases was extended.

Hanover.—FOUR PUPIL NURSES AT THE MARY HITCHCOCK HOSPITAL were injured June 30, when a railing of the porch on which they were sitting broke and they fell to the concrete driveway. The one most seriously hurt was Lillian Norton, whose back was broken.

#### NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION will hold its fourteenth annual convention in New York City on October 20 and 21. The Hotel McAlpin, 34th Street and Broadway, has been selected for the official headquarters and the meetings will be held in the ball-room on the 24th floor. The hotel has several dining rooms where meals are served a-la-carte, but it makes a specialty of club breakfasts and lunches and serves a table-de-hote dinner. The rates for rooms are from \$2 to \$4 per day for single rooms, and from \$4 to \$6 per day for double rooms. As many prominent persons in the nursing and medical professions have

promised addresses or papers, an interesting and instructive programme is assured. The details of the programme will be printed later. Further information may be secured from Miss Murdock, Chairman of Committees on Programme and Arrangements, Post Graduate Hospital, 20th St. and Second Avenue, New York City.

BEATRICE M. BAMBER,  
*Secretary.*

JANE E. HITCHCOCK has been reappointed to her position as secretary of the Board of Nurse Examiners, after an absence due to ill health.

**Binghamton.**—THE BROOME COUNTY GRADUATE NURSES' ASSOCIATION was organized in June with 23 charter members and the following officers: president, Theodora LeFebvre, superintendent of the City Hospital; vice-president, Carolyn Hurlburt, superintendent of the Lestershire Hospital; secretary, Cora R. Head; treasurer, May Cooper; trustees, Helen Duval, E. Carroll, K. Flaherty.

#### NORTH DAKOTA

**Le Maire County.**—MARY A. BAKER has been appointed school nurse for the county. Miss Baker is a graduate of the City Hospital, New York and was for seven years superintendent of St. Luke's Hospital, Jacksonville, Florida. She has recently been taking special work at Teachers College.

#### PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its thirteenth annual meeting in Philadelphia on November 10, 11 and 12. Details in regard to the place of meeting and the programme will be published later.

#### RHODE ISLAND

**Providence.**—EMMA ESSLINGER, RHODE ISLAND HOSPITAL, and former instructor of probationers, has accepted the position of assistant superintendent of nurses at the S. R. Smith Infirmary, Tomkinsville, Staten Island.

CARRIE P. VAN DER WATER, graduate of Memorial Hospital, Worcester, Massachusetts, has accepted the position of superintendent of the Homeopathic Hospital.

A FLOATING HOSPITAL is being established for the city. The committee is using an excursion steamer once a week on which thirty babies with three nurses make the trip.

#### TEXAS

STATE BOARD EXAMINATION, May 18, 19, 1915:

**Anatomy.**—1. Name the divisions of the alimentary canal. 2. What nerve has the most extensive distribution of any cranial nerve? 3. What viscera are contained in the female pelvis? 4. Describe a joint. 5. How many vertebrae are there in the spinal column and name their different divisions? 6. What is the pericardium? 7. Name the bones which form the major part of the base of the skull. 8. What is the largest triangular muscle of the back? 9. Name the organs contained in the urinary tract.

**Gynecology.**—1. Of what does the bony pelvis consist? 2. What special organs does the pelvis contain? 3. Describe your technic and method of catheterizing a patient and cleansing stitches after a perineorrhaphy. 4. Describe your

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method of giving a bladder irrigation. 5. Describe the various positions for pelvic examinations. 6. What preparation, general and local, should be given a patient for a major operation? 7. (a) What is the menopause? (b) At what age does it occur? 8. Define menstruation and puberty. 9. Define menorrhagia, amenorrhea and dysmenorrhea. 10. What instruments are likely to be used in an operation for laceration of cervix and perineum? 11. What is cystitis? What should a nurse do to prevent it?

*Physiology.*—1. What is the function of the liver? 2. What organs secrete digestive fluids? 3. What organ is most important in chemical digestion? 4. Where do cells get their material to make their fluids? 5. What is the function of the bony structure of the body? 6. What is the function of the placenta? 7. What is the function of the muscles? 8. Trace circulation from the right auricle to the left auricle. 9. What is the function of the nerves?

*Hygiene.*—1. Define hygiene. 2. What are the principal factors for maintaining health? 3. In what does the nurse's personal hygiene consist? 4. (a) On what does the purity of rain water depend? (b) Why? 5. Name some diseases that are often traced to an impure water supply. 6. (a) Why are outbreaks of contagious diseases more common in winter than in summer? (b) What does this teach? 7. Describe ideal sick room from hygienic standpoint. 8. Describe two methods of fumigating a room. 9. Name two air-borne diseases. 10. How should a nurse disinfect herself after caring for a contagious disease?

*Materia Medica.*—1. Define materia medica and therapeutics. 2. (a) Define narcotic, diaphoretic, antipyretic and sedative. (b) Name one of each and give the dose. 3. (a) Give physiological action of strychnine. (b) Give the symptoms of over-dose strychnine. 4. (a) Name two preparations of iron. (b) What is the physiological action of iron? (c) When should it be given a.c. or p.c.? Why? 5. (a) What is sodium cacodylate? (b) What is its action and dosage? 6. Name two carminatives, and how would you administer them? 7. How would you prepare and give a hypodermic? 8. How would you prepare normal salt solution? 9. What are the ordinary terms for oleum ricini, magnesium sulphate and sodium chloride? 10. How would you make a solution of bichloride of mercury, 1-1000?

*Dietetics.*—1. What is included under the heads: (a) liquid diet? (b) soft diet? (c) light diet? 2. How do you make: (a) albumin water? (b) peptonized milk? 3. Give a receipt for making: (a) A raw beef sandwich; (b) beef juice. 4. State the length of time required to cook properly the following: oatmeal, rice, soft-boiled eggs. 5. (a) In what foods do we more often find ptomaine poison? (b) What may we do to prevent ptomaine poisoning? 6. What food would you give to a healthy child from 18 to 20 months old? Make out menu for the day? 7. What is meant by predigested food? 8. Outline a diet for diabetics. 9. Outline a diet for anaemia. 10. Name one good nutritive enema.

*Medical Nursing.*—1. What do you understand by retention and suppression of urine? 2. State briefly, nursing care of typhoid, disposal of excreta, and of urine. 3. What is gonorrhoea? What specific germ causes it, and what special precautions should be observed in the nursing care of it? 4. Name a complication of scarlet fever and measles. Give briefly nursing care of scarlet fever. 5. Define coma, dyspnea, cyanosis, syncope. 6. Describe your method of administering a turpentine stupe and a mustard foot bath. 7. What are the duties of a nurse when caring for a case of tuberculosis? 8. How would you give a temperature bath? 9. What do you understand by incubation, invasion, desqua-



mation? 10. What general care would you give a bed patient each day in the absence of orders?

*Surgical Nursing.*—1. Give preparation of patient for twenty-four hours before and immediately preceding any major operation. 2. What are the symptoms of shock, and what would you do until the doctor came? 3. In sterilizing by heat, does moisture or dryness favor sterility? 4. Define asepsis, antiseptic, deodorant. Name three of the best antiseptics. 5. State some simple measures you would use to check vomiting after anaesthesia. 6. What conditions may cause a rise of temperature after operation? 7. Name some of the different positions used in both major and minor operations. 8. Define cystitis, gastroenterostomy, embolism, salpingo-oophorectomy. 9. What do you understand by the terms dislocation, sprain, fracture? What simple treatment would you use for the latter? 10. Describe a douche; name the points to be especially observed in regard to the preparation of the douche nozzle.

*Obstetrics.*—1. What is pregnancy? 2. What are the positive signs of pregnancy? 3. What is the difference between abortion, miscarriage and premature labor? 4. (a) What antiseptic solutions should be prepared for use in the care of the mother and the new-born infant? (b) Give strength of each solution. (c) What should a nurse do as soon as the head is born? 5. Give the list of articles absolutely necessary for use in obstetrical cases. 6. What is the function of the placenta? 7. Tell what organ needs careful watching during pregnancy. Tell why. 8. Name the different operations that may occur in pregnancy; the details of each. 9. What is ophthalmia-neonatorum, and how care for same? 10. If alone, what would you do for a secondary hemorrhage from the cord? 11. (a) What would you do for post-partum hemorrhage? (b) What are the signs?

#### BIRTHS

On May 17, in South Amboy, New Jersey, a daughter, Edwina Lillian, to Mr. and Mrs. Edwin Hall Jaques. Mrs. Jaques was Rhoda Broness, class of 1908, General Hospital, Lawrence, Massachusetts.

On June 9, in Danvers, Massachusetts, a son, to Mr. and Mrs. Albert A. Phillips. Mrs. Phillips was Pearl Simmons, class of 1911, Danvers State Hospital, Hathorne, Massachusetts.

On June 24, in Boston, Massachusetts, a son to Mr. and Mrs. Harlan L. Paine. Mrs. Paine was Amy M. Yeo, class of 1911, Danvers State Hospital.

Recently a daughter, Mary Alice, to Dr. and Mrs. J. J. Rowan. Mrs. Rowan was Alice Butterfield, Finley Hospital, Dubuque, Iowa.

On June 1, at Comerton, Montana, a daughter, to Mr. and Mrs. Harold Ditmorson. Mrs. Ditmorson was Elsie Sateren, St. Luke's Hospital, Fargo, North Dakota.

Recently, at Au Grez, Michigan, a son, to Mr. and Mrs. Ray Townsend. Mrs. Townsend was Florence De Witt, class of 1910, Hope Hospital, Ft. Wayne, Indiana.

On June 26, a son, to Mr. and Mrs. F. D. Bearly. Mrs. Bearly was Cora B. Whitsitt, Post Graduate Hospital, Chicago; she is now secretary of the Oklahoma State Association of Graduate Nurses.

#### MARRIAGES

On June 23, at Beverly Farms, Massachusetts, Ruth L. Hardy, Faulkner Hospital, Jamaica Plain, to August Haffenreffer.

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On April 5, Frances A. Crozier, Buffalo General Hospital, to Clare N. Shumway.

On June 23, Helen F. Rankin, Buffalo General Hospital, to Benjamin T. Campbell.

On June 24, Laura Rose, Buffalo General Hospital, to James Sullivan, M.D.

On June 26, Ruth M. Atwood, Memorial Hospital, Morristown, New Jersey, post-graduate Mt. Sinai Hospital, New York, to Nicholas Vincent Cody.

On May 28, in Newark, New Jersey, Matilda M. Spendlove, class of 1908, Homeopathic Hospital of Essex County, Newark, New Jersey, to Milton R. Warnock. Mr. and Mrs. Warnock will live in Arlington, New Jersey.

On July 8, at Owen Sound, Canada, Phoebe M. Campbell, class of 1913, Homeopathic Hospital of Essex County, New Jersey, to George A. Ewens. Mrs. Ewens was supervisor of the operating room at the hospital for two years. Mr. and Mrs. Ewens will live in Owen Sound.

On July 6, in Boston, Massachusetts, Olive Richards, class of 1906, Protestant Deaconess Hospital, Indianapolis, Indiana, to William Mott, M.D. Miss Richards was night supervisor at the Robert W. Long Hospital, Indianapolis. Dr. and Mrs. Mott will live in Indianapolis.

Recently, in Kentucky, Mrs. Jennie Hunter, class of 1914, Protestant Deaconess Hospital, Indianapolis, to Thomas G. Hosick. Mrs. Hunter was in the Public Health Nursing Service.

On July 3, Mrs. L. E. Camatte, to H. W. Bolton. Mr. and Mrs. Bolton will live in Laurel, Mississippi.

On June 5, at Snow Hill, Maryland, Helen J. Townsend, class of 1912, Presbyterian Hospital, Philadelphia, to Eric E. Wisehart, M.D. Dr. and Mrs. Wisehart will live in Snow Hill.

On June 16, Eva M. Collins, class of 1915, Presbyterian Hospital, Philadelphia, to Charles A. Ewing, M.D. Dr. and Mrs. Ewing will live in Oxford, Pennsylvania.

On June 22, Anna H. Kindig, class of 1911, Presbyterian Hospital, Philadelphia, to Boyd Rathoon Maxwell. Mr. and Mrs. Maxwell will live at Lancaster, Pennsylvania.

On June 30, at Omaha, Nebraska, Mabel Slauson, Presbyterian Hospital, to George Christopher. Mr. and Mrs. Christopher will live in Valentine, Nebraska.

On June 30, at Fort Wayne, Indiana, Carrie Burns, class of 1908, Lutheran Hospital, to Herman Mueller. Mr. and Mrs. Mueller will live in Upper Sandusky, Ohio.

On July 17, at Columbus, Ohio, Martha Harvey, Orthopaedic Hospital and Infirmary, Philadelphia, to Herbert Acton Lowes. Mr. and Mrs. Lowes will live in Cincinnati, Ohio.

On June 22, at Coeur d'Alene, Idaho, Bessie C. Abbott, class of 1905, University of Michigan Hospital, to Arthur L. Generaux. Mr. and Mrs. Generaux will live in Seattle, Washington.

On July 3, at Lynn, Massachusetts, Mabel Hooper, class of 1903, Boston City Hospital, to William Goodwin Bridges.

On May 5, Maude Williams, to Hamilton Stewart. Miss Williams was for eleven years superintendent of the City Hospital, Titusville, Pennsylvania. Mr. and Mrs. Stewart will live in Titusville.

On June 1, in Kalamazoo, Michigan, Maude Isabell Manning, to Harry Guernon. Miss Manning was superintendent of the Northern Pacific Hospital,

Brainerd, Minnesota, for several years. Mr. and Mrs. Guernon will live in Kalamazoo.

On June 17, in Charleston-on-Kanawha, Virginia, Naomi Anne Simmons to George Taylor Klipstein, M.D. Dr. and Mrs. Klipstein will live in Alexandria, Virginia. Mrs. Klipstein has held several hospital positions in Virginia and West Virginia.

On June 23, in Williamstown, Massachusetts, Ethel A. Pattison, class of 1908, Troy Hospital, Troy, New York to William Silcocks, M.D.

Recently, Mrs. Elizabeth Spencer, class of 1910, Woman's Hospital, Buffalo, New York, to William B. Burress. Mr. and Mrs. Burress will live in Washington, District of Columbia.

On July 6, in Concord, Massachusetts, Isabella Pelton, assistant superintendent of the Homoepathic Hospital, Buffalo, New York, to George F. Mosely, M.D. Dr. and Mrs. Mosely will live in Buffalo.

Recently, Mrs. Carrie Baker, class of 1912, Finley Hospital, Dubuque, Iowa, to Dr. Kelleher. Dr. and Mrs. Kelleher will live in Elkader.

Recently, at Cambridge, Iowa, Minnie Southwick to Mr. Wilderson. Mr. and Mrs. Wilderson will live in Pittsburgh, Pennsylvania.

On June 15, at Des Moines, Iowa, Idella Pugh, Iowa Methodist Hospital, to Stacey Hunt. Mr. and Mrs. Hunt will live near Des Moines.

On June 10, at San Francisco, California, Louise Postlewait, Mercy Hospital, Dubuque, Iowa, to John Madigan. Mr. and Mrs. Madigan will live in San Francisco.

On July 1, at Cascade, Iowa, Rose Schaffer, Mercy Hospital, Dubuque, Iowa, to H. D. Cole, M.D. Dr. and Mrs. Cole will live in Postville, Iowa.

On May 10, at Welch, West Virginia, Elizabeth H. Lilly, class of 1911, Sheltering Arms Hospital, Hanford, West Virginia, to Frank Boland, M.D. Dr. and Mrs. Boland will live in Williamson, West Virginia.

On June 6, Ida Dill Craft, class of 1914, General Hospital, Charleston, West Virginia, to William Pierson. Mr. and Mrs. Pierson will live in Rosedale, West Virginia.

On June 30, at Denver, Colorado, Mercy N. Keely, class of 1909, General Hospital, Charleston, West Virginia, to Charles Meadows. Mr. and Mrs. Meadows will live in Duran, Colorado.

On June 14, at Uxbridge, Massachusetts, Genevieve Rosalie Tracey, class of 1913, St. Joseph's Hospital, Providence, Rhode Island, to Lawrence Stephen O'Rourke. Mr. and Mrs. O'Rourke will live in Providence.

On July 6, Florence May Trainor, class of 1908, St. Joseph's Hospital, Providence, Rhode Island, to Sylvester McGinn. Mr. and Mrs. McGinn will live at North Attleboro, Massachusetts.

On June 9, Anna C. Quirk, class of 1908, St. Vincent's Charity Hospital, Cleveland, Ohio, to S. H. Monson, M.D. Dr. and Mrs. Monson will live in Cleveland.

On June 7, at Valley City, North Dakota, Emma Rebsch, class of 1913, Bismarck Hospital, Bismarck, North Dakota, to Wallace Woodruff. Mr. and Mrs. Woodruff will live in Bismarck.

On June 10, at Hancock, Michigan, Rose Chamberlain, class of 1912, University of Michigan Hospital, to Charles M. Tackler.

On July 15, at Fremont, Wisconsin, Charlotte M. Eaton, class of 1910, Milwaukee County Hospital, to Earl R. Peterson. Mr. and Mrs. Peterson will live in DeKalb, Illinois.

Recently, Ada Hicks, class of 1909, Hope Hospital, Ft. Wayne, Indiana, to Robert Mackay. Mr. and Mrs. Mackay will live in Cochran, Ontario, Canada.

On June 30, in Chicago, Frances May Jennings, class of 1909, Rockford Hospital, to Warren P. Elmer, M.D. Miss Jennings did school nursing in Rockford and was then superintendent of nurses at St. Luke's Hospital, St. Louis, for three years. Dr. and Mrs. Elmer will live in St. Louis.

On July 1, Mrs. Grace McCommond to Charles Colliton. Mr. and Mrs. Colliton will live in Rockford.

On June 30, Mary Lonergan, class of 1913, Rockford Hospital, Rockford, Illinois, to Thomas Craddick. Mr. and Mrs. Craddick will live in Rockford.

On June 27, at Cedar Rapids, Iowa, Jennie Lind Brodie, class of 1910, St. Luke's Hospital, to Gerald A. Webb. Mr. and Mrs. Webb will live in Des Moines.

On June 15, May Peterson, class of 1912, Mercy Hospital, Cedar Rapids, Iowa, to J. J. Murphy, M.D. Dr. and Mrs. Murphy will live in Cedar Rapids.

On July 10, at Jacksonville, Florida, Sarah Agnes Sweeney, class of 1912, St. Francis Hospital, Hartford, Connecticut, to James Arthur Boyd. Mrs. and Mrs. Boyd will live in Miami, Florida.

On July 20, at Collinsville, Connecticut, Marie Valcia Pouloit, class of 1912, St. Francis Hospital, Hartford, to John McNamara. Mr. and Mrs. McNamara will live in Collinsville.

On August 4, at Hartford, Connecticut, Elizabeth Margaret O'Rourke, class of 1912, St. Francis Hospital, to Harvey Dussinger. Mr. and Mrs. Dussinger will live in Hartford.

On July 30, Ella H. Schaefer, class of 1910, Milwaukee County Hospital, Wauwatosa, Wisconsin, to John H. Vanderslice. Mr. and Mrs. Vanderslice will live in Richmond, Indiana.

#### DEATHS

On August 9, Annie Damer, after a long period of invalidism. A fuller notice will be given in the October JOURNAL.

On July 11, at the York Hospital and Dispensary, York, Pennsylvania, Anna H. Litchfield, a pupil nurse, from heart failure following a slight attack of tonsillitis. Miss Litchfield was an apt pupil and her record in the school was a very creditable one. She was liked by all the patients to whom she ministered. She was buried in the school uniform; six of her classmates acted as bearers.

On June 18, at her home in Paola, Kansas, after a short illness, Mrs. F. F. Parker. Mrs. Parker was Sara Annis Stewart, class of 1910, Missouri Baptist Sanitarium, St. Louis.

On April 5, at her home in Nova Scotia, Evelyn M. McKay, class of 1913, Danvers State Hospital, Haverhill, Massachusetts, post-graduate of Harlem Hospital, New York City. Her interest in her work prevented her from realizing that her strength was failing, and her last illness was brief.

On June 15, at San Dimas, California, Florence M. Rutter Foster, class of 1903, of the Cottage Hospital, now called John C. Proctor Hospital, of Peoria, Illinois. Mrs. Foster held a number of positions in Peoria, and inaugurated hourly nursing there. Failing health caused her to go to California soon after her marriage, three years ago, where she died of tuberculosis.

On June 16, at the Woman's Hospital, Philadelphia, Martha Harris, class of 1893. Miss Harris was ill six months.

On June 27, memorial services were held in the United Presbyterian Church,

Indianapolis, Indiana, for Emma Minger, a missionary from that church, to India. Miss Minger died at Sangla Hill, Punjab, India, January 25, after nine years of service in the field. She was a Red Cross nurse, a member of her alumnae, and of the Marion County Graduate Nurses' Association.

On June 1, at her home in Amherst, Nova Scotia, Anne Chandler Parker, class of 1893, Boston City Hospital. Miss Parker was head nurse at the hospital for five years after graduation. She was in charge of the large tent placed in the hospital grounds for the invalid soldiers from Cuba, and her work was highly commended. She took charge of the Hale Hospital, Haverhill, Massachusetts, when the new building was opened in 1898, and the hospital and school developed in many ways under her supervision. In 1911 she found her duties too arduous, and resigned to accept a position in charge of a small hospital in Leominster, where she remained two years. Failing health made her give up all professional work, and she went to her home in Amherst. Her cheerfulness and courage endeared her to all, during her long illness. While in Massachusetts she kept up a deep interest in her alumnae, and her presence at the alumnae dinner was always looked forward to by her many friends. No one was more missed if she were unable to attend.

On May 28, of diphtheria, Bessie Mae Underhill, class of 1911, Flower Hospital, New York, N. Y.

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## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

THE HOUSE FLY, *Musca Domestica* Linn.: ITS STRUCTURE, HABITS, DEVELOPMENT, RELATION TO DISEASE, AND CONTROL. By C. Gordan Hewitt, D.Sc., F.R.S.C., Dominion Entomologist of Canada; formerly Lecturer in Economic Zoology in the University of Manchester. Cambridge, at the University Press, New York, G. P. Putnam's Sons. Price, 15 shillings.

That our old enemy has not been slighted or neglected in any way we may well believe, when we realize that the present volume represents nine years of study and investigation on the part of the author. Moreover this is his second book on the subject. Furthermore, we find that in the course of his studies he consulted the works of between four and five hundred writers who have contributed to the literature concerning the house fly, his more or less distantly related family, and the part they play in the world's mischief. It would seem that at last the time has come when no one can plead ignorance in extenuation of the tolerance of the fly. We are told of the breeding habits of the fly, its life history, its relation to disease. We are also told of preventive and remedial measures to be taken and exhorted to make organized effort to do away with a dangerous and needless pest. May Heaven speed the day when the application of the knowledge so carefully and painstakingly acquired, is universal.

MOTHER CRAFT. By Sarah Comstock. Hearst's International Library Co., 119 West 40th St., New York. Price \$1.

This book is made up from a series of papers contributed by Mrs. Comstock to the *Good Housekeeping Magazine* and later arranged in its present form. Its aim "is to put into non-technical English some of the newest teachings expressed by some of the safest and sanest specialists of today." "The material has been sifted from teachings and preachings of physicians, teachers, nurses, and other specialists who, in different cities of our country, rank among the highest authorities." The author states that having had her attention called to the teaching and preparation afforded expectant mothers of the poorer classes, she proposes to extend that same teaching to all expectant and actual mothers,

since the daughters of all classes are likely to need it; and her book testifies to the thoroughness with which she enters into the subject. The first four chapters deal with the preparation for the coming child; the last four with the care of the child.

**ISOLATION HOSPITALS.** By H. Franklin Parsons, M.D. (Lond.) D.P.H. (Cambridge.) Formerly First Assistant Officer of the Local Government Board. Cambridge, at the University Press, G. P. Putnam's Sons, New York. Price 12 shillings, 6 pence.

The isolation of infectious disease, whether in hospital or in the home, is the subject considered in this volume, which is one of the Cambridge Public Health Manuals published under the joint editorship of G. S. Graham-Smith, M.D., University Lecturer in Hygiene, and I. E. Purvis, M.A., University Lecturer in Chemistry and Physics in their application to hygiene and preventive medicine. The construction of the isolation hospital and everything relating to its efficient conduct is discussed. The reasons for the high cost of maintenance is fully explained and members of county boards and hospital committees may confidently expect to find in its pages the solution to many problems that beset their service. The small village hospital, by the way, with its local board and more or less patriarchal system of government, seems a more human and kindly institution than the huge state and county hospitals of our own country. The book does not go into the nursing in isolation hospitals but from the rules cited in the conduct of certain joint hospitals one gathers that the nursing is by no means overlooked.

**THE DETERMINATION OF SEX.** By L. Doncaster, Sc.D., Fellow of Kings College, Cambridge. Cambridge: The University Press, New York: G. P. Putnam's Sons.

In a war-ridden world there are still to be found those who live in the pursuit of law and order; evidence the present volume which, though chiefly of interest to students of biology, will be found readable by many people entirely innocent of scientific knowledge. There is no hint at control of sex; there are no startling theories to attract the speculative mind; it may perhaps be best described as a summary of the research relating to sex determination up to the present time. The subject is by no means exhausted, and much remains to be done before the problem is solved.

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